| Case 16-14378 Doc 1 Fill in this information to identify your case: |   | Entered 04/27/16 16:55:24<br>age 1 of 70 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                                 |   |
|---|---------------------------------|---|
|   | About Debtor 1:                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name   | Karen<br>First name             | First name                                    |
| Write the name that is on<br>your government-issued<br>picture identification (for<br>example, your driver's<br>license or passport | Middle name  Luckett  Last name | Middle name  Last name                        |
| Bring your picture identification to your meeting with the trustee.   | Suffix (Sr., Jr., II, III)      | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                                 |   |
| have used in the last   | First name                      | First name                                    |
| 8 years  Include your married or  | Middle name                     | Middle name                                   |
| maiden names.   | Last name                       | Last name                                     |
|   | First name                      | First name                                    |
|   | Middle name                     | Middle name                                   |
|   | Last name                       | Last name                                     |
| 3. Only the last 4 digits of your Social  | XXX - XX- 1916                  | xxx - xx-                                     |
| Security number or  | OR                              | OR  |
| federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)   | 9 xx - xx-                      | 9 xx - xx-                                    |

Entered 04/27/16/16/55:24 Desc Main Karen Case 16-14378 Doc 1 Filed 04/27/16 Debtor 1 Page 2 of 70 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 2443 W. 58th Street Number Street Number Street 2W Chicago Illinois 60629 City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/27/416 Entered 04/27/416 /16655:24 Desc Main

First Name Document Page 3 of 70

| Part 2: Tell the Court A  | bout Your Bankruptcy Case  |   |  |
|---|--|---|--|
| <ol> <li>The chapter of the<br/>Bankruptcy Code<br/>you are choosing to<br/>file under</li> </ol>   | B2010)). Also, go to the top of page 1 a   |   | . § 342(b) for Individuals Filing for Bankruptcy (Form   |
| 8. How you will pay th<br>fee   | court for more details about pay with cash, cashier's che behalf, your attorney may pure line of the pay the fee in in a line of the law, a judge may, but is no 150% of the official povert installments). If you choos | ut how you may pay. Typically, it heck, or money order If your apay with a credit card or check with the characteristic of the ch | option, sign and attach the Application for orm 103A).  ption only if you are filing for Chapter 7. By and may do so only if your income is less than a size and you are unable to pay the fee in the Application to Have the Chapter 7 Filing |
| 9. Have you filed for bankruptcy within the last 8 years?   | ✓ No.  ☐ Yes. District  District  District   | When MM / DD When MM / DD When MM / DD Mhen MM / DD Mhen MM / DD  | / YYYY  Case number  |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | V No.  Yes. Debtor  District  Debtor  District   | When<br>MM / DD   | Relationship to you  Case number, if known  / YYYY  Relationship to you  Case number, if known   |
| 11. Do you rent your<br>residence?  | ✓ No. Go to line 12.   | an eviction judgment against you and do stement About an Eviction Judgment Again betition.  |  |

Karen Case 16-14378 Doc 1 Filed 04/27/416 Entered 04/27/116/116/55:24 Desc Main Debtor 1 Page 4 of 70 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? City State Zip Code

Karen Case 16-14378 Doc 1 Debtor 1

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Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

#### 15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| counseling because or. |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| Incapacity.            | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. |  |  |  |  |  |
| Disability.            | My physical disability causes me to be   |  |  |  |  |  |

I am not required to receive a briefing about credit

counceling because of

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

I received a briefing from an approved credit

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of

realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Doc 1 Filed 04/27/16 Entered 04/27/16 16:55:24 Desc Main Page 6 of 70 **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Karen Luckett Signature of Debtor 2 Signature of Debtor 1 4/27/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/2276/f16 Entered 04/27/6166/f186%55:24 Desc Main

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| orrect.  |       |      |                            |                     |
|--|-------|------|----------------------------|---------------------|
| /s/ Alex Nohr Signature of Attorney for Debtor |       | Date | 4/27/2016<br>MM / DD / YYY | YY                  |
| Alex Nohr                                      |       |      |                            |                     |
| Printed name                                   |       |      |                            |                     |
| Semrad Law Firm                                |       |      |                            |                     |
| Firm name                                      |       |      |                            |                     |
| Street   |       |      |                            |                     |
| City   | State |      |                            | Zip Code            |
| Contact phone                                  |       | En   | nail address               | ANohr@SemradLaw.com |
| Bar number                                     |       | St:  | ate                        |                     |
| Dai Hullioci                                   |       | - Ju | aic                        |                     |

<u>Doc 1 Filed 04/27/16 Entered 04/2</u>7/16 16:55:24 Desc Main Fill in this information to identify your case: Debtor 1 Karen Luckett First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$16,600.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$16,600.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$26,705.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$5,417.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$32,122.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$2,507.31 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,510.00

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/27/d16 Entered 04/27/d16 / Desc Main

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Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes.

| 6. / | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  |                          |            |  |  |  |  |  |
|------|--|--------------------------|------------|--|--|--|--|--|
|      | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.   |                          |            |  |  |  |  |  |
|      | ✓ Yes.   |                          |            |  |  |  |  |  |
| 7. \ | What kind of debt do you have?   |                          |            |  |  |  |  |  |
|      | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual prim family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. |                          |            |  |  |  |  |  |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Che this form to the court with your other schedules.  | heck this box and submit |            |  |  |  |  |  |
| 8.   | From the Statement of Your Current Monthly Income: Copy your total current monthly income from C Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                      | Official                 | \$3,140.03 |  |  |  |  |  |
| 9.   | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |                          |            |  |  |  |  |  |
|      | From Part 4 on Schedule E/F, copy the following:   | Total claim              |            |  |  |  |  |  |
|      | 9a. Domestic support obligations (Copy line 6a.)   | \$0.00                   |            |  |  |  |  |  |
|      | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00                   |            |  |  |  |  |  |
|      | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00                   |            |  |  |  |  |  |
|      | 9d. Student loans. (Copy line 6f.)   |                          |            |  |  |  |  |  |
|      | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   | \$0.00                   |            |  |  |  |  |  |
|      | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$0.00                   |            |  |  |  |  |  |
|      | 9g. <b>Total.</b> Add lines 9a through 9f.   | \$52.00                  |            |  |  |  |  |  |

|                                      | Case 16-14378   | Doc 1                              | Filed 04/27/16  | Entered 04/27/16   | 16:55:24                      | Desc Main   |
|--------------------------------------|---|------------------------------------|---|--|-------------------------------|---|
| Fill in this i                       | nformation to identify your case:   |                                    |   |  |                               |   |
| Debtor 1                             | Karen   |                                    | Lucke   | ett  |                               |   |
|                                      | First Name  | Middle                             | Name Last N   | Name   |                               |   |
| Debtor 2<br>(Spouse, if              | filling) First Name   | Middle                             | Name Last N   | Name   |                               |   |
| United Sta                           | tes Bankruptcy Court for the:   | Northern                           | District of II  | Ilinois<br>(State)   |                               |   |
| Case num<br>(If known)               | ber   |                                    | (   |  |                               |   |
| Officia                              | l Form 106A/B   |                                    |   |  |                               | Check if this is an amended filing  |
| Sched                                | dule A/B: Prope   | rty                                |   |  |                               | 12/1  |
| esponsibl<br>vrite your i<br>Part 1: | where you think it fits best. Be for supplying correct inform name and case number (if known bescribe Each Residence own or have any legal or equence. No. Go to Part 2 | nation. If more sown). Answer even | pace is needed, attach<br>ery question.<br>Land, or Other Rea     | a separate sheet to this forn<br>al Estate You Own or Ha   | n. On the top of a            | nny additional pages,   |
|                                      |   |                                    |   |  |                               |   |
| 1.1                                  | Yes. Where is the property?   |                                    | What is the property  Single-family home                          | • • • •  | the amount of an              | ecured claims or exemptions. Put by secured claims on Schedule D:   |
|                                      | Street address, if available, or o  | ther description                   | Duplex or multi-un  |  | Creditors Who F               | Have Claims Secured by Property.  |
|                                      |   |                                    | Condominium or co   | ooperative   | Current value entire property |   |
|                                      |   |                                    | Manufactured or m   | nobile home  |                               |   |
|                                      | Nh wah an Otra at   |                                    | Land  |  | D                             |   |
|                                      | Number Street   |                                    | Investment property   | У  | interest (such a              | ature of your ownership<br>is fee simple, tenancy by  |
|                                      | City State  | Zip Code                           | - Timeshare<br>Other  |  | the entireties, o             | or a life estate), if known.  |
|                                      |   |                                    | Debtor 1 only Debtor 2 only Debtor 1 and Debt At least one of the | debtors and another  bu wish to add about this iter        | (see instru                   | is is community property<br>ctions)   |
| lf vou o                             | own or have more than one, list he  | ara:                               | property identification   | on number:   |                               |   |
| 1.2                                  | Street address, if available, or o  |                                    | What is the property Single-family home                           | е  | the amount of an              | ecured claims or exemptions. Put<br>by secured claims on <i>Schedule D:</i><br>Have Claims Secured by Property. |
|                                      |   |                                    | Condominium or or Manufactured or m                               | ooperative   | Current value entire property |   |
|                                      | Number Street  City State   | Zip Code                           | Investment property Timeshare Other                               | у  | interest (such a              | ature of your ownership<br>as fee simple, tenancy by<br>or a life estate), if known.                            |
|                                      | Sign State  | <u> </u>                           | Debtor 1 only Debtor 2 only Debtor 1 and Debt                     | in the property? Check one.  or 2 only debtors and another | Check if th (see instru       | is is community property<br>ctions)   |

Other information you wish to add about this item, such as local property identification number:

| Debtor 1                     | Karen Case 16-143  | 78 Doc 1   | Filed 04/27/16 Entered 04/27/16   | @ 6.6 № 55: <u>24 Des</u>  | sc Main  |  |
|------------------------------|--|--|---|--|--|--|
| 1.3                          | eet address, if available, or ot   | \<br>  | Document Page 11 of 70  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home   | the amount of any secure   | laims or exemptions. Put ed claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |  |
| Nur                          | mber Street y State  | Zip Code   | Land Investment property Timeshare Other  | Describe the nature of interest (such as fee si the entireties, or a life  | mple, tenancy by   |  |
|                              |  | ]<br>]<br>]                                      | Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, soroperty identification number: | Check if this is co (see instructions)   |  |  |
| you ha                       |  | e that number here                               | l of your entries from Part 1, including any entries fo   |  |  |  |
| <b>Do you o</b><br>ou own th | wn, lease, or have legal or on the someone else drives. If you ans, trucks, tractors, sport util o | equitable interest in<br>u lease a vehicle, also | any vehicles, whether they are registered or not? In preport it on Schedule G: Executory Contracts and Unexpoles  |  |  |  |
| 3.1                          |  | Dodge<br>Grand<br>Caravan                        | Who has an interest in the property? Check one.   | the amount of any secur  | claims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>aims Secured by Property.                          |  |
|                              | Year: Approximate mileage: Other information: 2012 Dodge Grand Carava                              | 2012<br>67,000                                   | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)   | Current value of the entire property?<br>\$13625.00  | Current value of the portion you own?<br>\$13625.00  |  |
| 3.2                          | Model:<br>Year:  |  | Who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |  |  |
|                              | Approximate mileage:  Other information:   |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Current value of the entire property?  | Current value of the portion you own?  |  |

| Debtor 1 |                        | Filed 04/27/16 Entered 04/27/11/  | 6 @146455: <u>24 Desc</u>  | : Main   |  |  |
|----------|------------------------|---|--|--|--|--|
|          | First Name Middle Name | Document Page 12 of 70  |  |  |  |  |
| 3.3      | Make                   | Who has an interest in the property? Check one.   | Do not deduct secured cla<br>the amount of any secure  |  |  |  |
|          | Model: Year:           | Debtor 1 only   | Creditors Who Have Clai  |  |  |  |
|          | Approximate mileage:   |   | Greations vino have clai   | me decared by 1 reporty.                       |  |  |
|          |                        | Debtor 2 only   | Current value of the   | Current value of the                           |  |  |
|          | Other information:     | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?                               |  |  |
|          |                        | At least one of the debtors and another   |  |  |  |  |
|          |                        | Check if this is community property (see instructions)  |  |  |  |  |
| 3.4      |                        | Who has an interest in the property? Check  | Do not deduct secured cla  |  |  |  |
|          | Model: Year:           | one.  | the amount of any secure<br>Creditors Who Have Clai  |  |  |  |
|          | Approximate mileage:   | Debtor 1 only   | Creditors Who have Clai  | ins secured by Froperty.                       |  |  |
|          |                        | Debtor 2 only   | Current value of the   | Current value of the                           |  |  |
|          | Other information:     | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?                               |  |  |
|          |                        | At least one of the debtors and another   |  |  |  |  |
|          |                        | Check if this is community property (see instructions)  |  |  |  |  |
| 4.1      | Make                   | Who has an interest in the property? Check  | Do not deduct secured cla  | aims or exemptions. Put                        |  |  |
| 4.1      | Model:                 | one.  | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property. |  |  |  |
|          | Year:                  | Debtor 1 only   |  |  |  |  |
|          | Approximate mileage:   | Debtor 2 only   | Current value of the   | Current value of the                           |  |  |
|          | Other information:     | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?                               |  |  |
|          |                        | At least one of the debtors and another   |  | <u> </u>                                       |  |  |
|          |                        | Check if this is community property (see  |  |  |  |  |
|          |                        | instructions)   |  |  |  |  |
| 4.2      | Make                   | Who has an interest in the property? Check  | Do not deduct secured cla  | ·  |  |  |
|          | Model:                 | one.  | the amount of any secure   |  |  |  |
|          | Year:                  | Debtor 1 only   | Creditors Who Have Clai  | Creditors Who Have Claims Secured by Property. |  |  |
|          | Approximate mileage:   | Debtor 2 only   | Current value of the   |  |  |  |
|          |                        | 200.0.20)   | Our crit value of the  | Current value of the                           |  |  |
|          | Other information:     | Debtor 1 and Debtor 2 only  | entire property?   | Current value of the portion you own?          |  |  |
|          | Other information:     |   |  |  |  |  |
|          | Other information:     | Debtor 1 and Debtor 2 only  |  |  |  |  |
| 5. Add   |                        | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see | entire property?   |  |  |  |

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/27/16 Entered 04/27/16 (146:55:24 Desc Main

Page 13 of 70 **Describe Your Personal and Household Items** Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ✓ Yes. Describe... Funiture - bed, bunkbed, full living room set \$1600.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Nο Yes. Describe... \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **V** No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments **✓** No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Misc. Clothing \$350.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Costume Jewelry \$100.00 13. Non-farm animals Examples: Dogs, cats, birds, horses **☑** No Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No

\$2550.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

Yes. Describe...

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Part 4: Describe Your Financial Assets

Current value of the portion you own?

Do you own or have any legal or equitable interest in any of the following?

Do not deduct secured claims or exemptions

| Do  | you own or have a                               | ny legal or equitable inter  | est in any of the following   | g?                           | portion you own?  Do not deduct secured claims or exemptions. |
|-----|---|--|-------------------------------|------------------------------|---|
| _   | ✓ No  | e in your wallet, in your home, in a sat   |                               | ou file your petition        |   |
|     | Yes   |  |                               | Cash:                        |   |
| 17. |   | vings, or other financial accounts; co<br>titutions. If you have multiple accour |                               |                              |   |
|     | ☐ No ✓ Yes                                      |  | Institution name:             |                              |   |
|     |   | 17.1. Checking account:  | Bank of America               |                              | \$174.00  |
|     |   | 17.2. Checking account:  |                               |                              |   |
|     |   | 17.3. Savings account:   | Bank of America               |                              | \$1.00  |
|     |   | 17.4. Savings account:   |                               |                              |   |
|     |   | 17.5. Certificates of deposit:   |                               |                              |   |
|     |   | 17.6. Other financial account:   |                               |                              |   |
|     |   | 17.7. Other financial account:   |                               |                              |   |
|     |   | 17.8. Other financial account:   |                               |                              |   |
|     |   | 17.9. Other financial account:   |                               |                              |   |
| 18. |   | or publicly traded stocks<br>evestment accounts with brokerage f                 | irms, money market accounts   |                              |   |
|     | ✓ No ☐ Yes                                      | Institution or issuer name:  |                               |                              |   |
|     |   |  |                               |                              |   |
| 19. | Non-publicly traded st an LLC, partnership, a   | ock and interests in incorporate and joint venture                               | d and unincorporated business | es, including an interest in |   |
|     | ✓ No  Yes. Give specific information about them | Name of entity   |                               | % of ownership:              |   |
|     |   |  |                               |                              |   |

| Deb | tor 1 Karen Case It                  |  | ed U4kizcketilb            |                                       | awa5: <u>24 Des</u> | <u>c main</u> |
|-----|--------------------------------------|--|----------------------------|---------------------------------------|---------------------|---------------|
|     |                                      | L  |                            | Page 15 of 70                         |                     |               |
| 20. |                                      | orate bonds and other negotial   |                            |                                       |                     |               |
|     |                                      | nclude personal checks, cashiers' on<br>the are those you cannot transfer to |                            |                                       |                     |               |
|     | ✓ No                                 |  |                            | ,                                     |                     |               |
|     | =                                    |  |                            |                                       |                     |               |
|     | Yes. Give specific information about | Issuer name:   |                            |                                       |                     |               |
|     | them                                 |  |                            |                                       |                     |               |
|     |                                      |  |                            |                                       |                     |               |
|     |                                      | -  |                            |                                       |                     |               |
|     |                                      |  |                            |                                       |                     |               |
| 21. |                                      |  |                            |                                       |                     |               |
|     |                                      | RA, ERISA, Keogh, 401(k), 403(b),  | thrift savings accoun      | ts, or other pension or profit-sharir | ng plans            |               |
|     | ✓ No                                 | Type of account:   | Institution name:          |                                       |                     |               |
|     | Yes. List each account separately.   |  | moutation name.            |                                       |                     |               |
|     | account separately.                  | 401(k) or similar plan:  |                            |                                       |                     |               |
|     |                                      | Pension plan:  |                            |                                       |                     |               |
|     |                                      | IRA:   | _                          |                                       |                     |               |
|     |                                      | Retirement account:  |                            |                                       |                     |               |
|     |                                      | Keogh:   |                            |                                       |                     |               |
|     |                                      | Additional account:  |                            |                                       |                     |               |
|     |                                      | Additional account:  |                            |                                       | <u>—</u>            |               |
| 22. | Security deposits and p              | prepayments  |                            |                                       |                     |               |
|     |                                      | deposits you have made so that you   |                            |                                       |                     |               |
|     | companies, or others                 | with landlords, prepaid rent, public   | utilities (electric, gas,  | water), telecommunications            |                     |               |
|     | □ No                                 |  |                            |                                       |                     |               |
|     | ✓ Yes                                |  | Institution name:          |                                       |                     |               |
|     | 103                                  | Electric:  | -                          |                                       |                     |               |
|     |                                      | Gas:   |                            |                                       |                     |               |
|     |                                      | Heating oil:   |                            |                                       |                     |               |
|     |                                      | Security deposit on rental unit:   | Security Deposit -         | Pangea                                | \$25                | 0.00          |
|     |                                      | Prepaid rent:  |                            | <b>V</b> * ***                        |                     |               |
|     |                                      | Telephone:   |                            |                                       |                     |               |
|     |                                      | Water:   | -                          |                                       |                     | _             |
|     |                                      | Rented furniture:  | -                          |                                       |                     |               |
|     |                                      | Other:   | _                          |                                       |                     | _             |
|     |                                      |  |                            |                                       | —                   |               |
| 23. | _ `                                  | r a periodic payment of money to yo  | ou, either for life or for | a number of years)                    |                     |               |
|     | <b>✓</b> No                          | Issuer name and description:   |                            |                                       |                     |               |
|     | Yes                                  | issuei name and description.   |                            |                                       |                     |               |
|     |                                      |  |                            |                                       |                     |               |
|     |                                      |  |                            |                                       |                     |               |
|     |                                      |  |                            |                                       |                     |               |

| Debt | tor 1 | Karen<br>First Na    | Cas      | <u>e 1</u>        | 6-14378  | B Doc 1<br>Middle Name               |               | 04/27/16<br>cumente                      |             |                     | <b>L6</b> ∂L6ù55: <u>24</u> | Desc Main   |
|------|-------|----------------------|----------|-------------------|--|--------------------------------------|---------------|--|-------------|---------------------|-----------------------------|---|
| 24.  |       |                      |          |                   | <b>ition IRA, in</b><br>, 529A(b), ar                |                                      | a qualifie    | d ABLE progra                            | m, or und   | ler a qualified st  | ate tuition program         | i.  |
|      |       | No<br>Yes            | In:      | stitutio          | on name and  | description. Sep                     | oarately file | the records of a                         | ny interes  | ts.11 U.S.C. § 521  | I (c):                      |   |
| 25.  |       |                      |          |                   | uture intere   | sts in property                      | (other th     | an anything lis                          | ted in line | e 1), and rights o  | r powers                    | _   |
|      |       |                      | Describ  | е                 |  |                                      |               |  |             |                     |                             |   |
| 26.  | Exa   | amples:<br>No        |          | t dom             |  |                                      |               | r intellectual pro<br>yalties and licens |             | ments               |                             |   |
| 27.  |       | amples:<br>No        |          | g per             |  | general intangil<br>ve licenses, coo |               | ssociation holdir                        | gs, liquor  | licenses, professi  | onal licenses               |   |
| Моі  | пеу   | or pr                | opert    | y ow              | ved to you   | 1?                                   |               |  |             |                     |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  |       | refund               | s owe    | d to y            | ou .   |                                      |               |  |             |                     |                             |   |
|      |       | a<br>ye              | bout the | em, ir<br>ady fil | nformation<br>ncluding whet<br>ed the return<br>ears |                                      |               |  |             |                     | Federal: State: Local:      |   |
| 29.  |       | nily sup<br>mples: F |          | e or lu           | ump sum alim   | nony, spousal su                     | oport, child  | l support, mainte                        | nance, div  | orce settlement, p  | roperty settlement          |   |
|      |       | No<br>Yes. Gi        | ive spe  | cific ir          | nformation   |                                      |               |  |             |                     | Alimony:                    |   |
|      |       |                      |          |                   |  |                                      |               |  |             |                     | Maintenance: Support:       |   |
|      |       |                      |          |                   |  |                                      |               |  |             |                     | Divorce settlemen           | nt:   |
| 30.  | Othe  | ar amo               | unte e   | omor              | one owes yo  |                                      |               |  |             |                     | Property settlemen          | nt:   |
| 30.  |       | nples: l             | Jnpaid   | wage              | es, disability in                                    |                                      |               |  | pay, vacat  | ion pay, workers' c | ompensation,                |   |
|      |       | No<br>Yes. D         | escribe  |                   |  |                                      |               |  |             |                     |                             |   |

| Debt | tor 1    | Karen Case 16 First Name                              | 6-14378           | Doc 1<br>Middle Name | Filed 04/27/                                    |                  | e <u>red</u> 0/4/2/7//<br>17 of 70 | 166/166655: <u>24                                    </u> | Desc                | <u> Main</u>   |
|------|----------|---|-------------------|----------------------|---|------------------|------------------------------------|---|---------------------|--|
| 31.  |          | rests in insurance  <br>mples: Health, disabi         |                   | rance; health        | savings account (HSA                            | Ū                |                                    | er's insurance  |                     |  |
|      |          | No<br>Yes. Name the insur<br>of each policy and lis   |                   |                      | Company name:                                   |                  |                                    | Beneficiary:  | <u> </u>            | Surrender or refund value:   |
| 32.  | If you   |   | of a living trust |                      | meone who has died<br>ceeds from a life insura  | nce policy, or a | are currently entitle              | ed to receive   |                     |  |
| 33.  | Exar     | mples: Accidents, em                                  |                   |                      | n have filed a lawsuit ace claims, or rights to |                  | mand for payme                     | nt  |                     |  |
|      |          | No<br>Yes. Describe                                   |                   |                      |   |                  |                                    |   | _                   |  |
| 34.  | to se    | er contingent and let off claims                      | unliquidated (    | claims of ev         | very nature, including                          | y counterclai    | ms of the debtor                   | r and rights  |                     |  |
| 35.  |          | Yes. Describe  financial assets yo                    | u did not alrea   | ady list             |   |                  |                                    |   | _                   |  |
|      |          | No<br>Yes. Describe                                   |                   |                      |   |                  |                                    |   | _                   |  |
| 36.  |          |   | -                 |                      | Part 4, including any                           | _                |                                    |   |                     | \$425.00   |
| Part | 5:       | Describe Any B  | Business-Re       | elated Pro           | pperty You Own o                                | r Have an        | nterest In. Li                     | st any real estate  | in Pa               | ırt 1.   |
| 37.  | Do y     | ou own or have an                                     | y legal or equ    | uitable intere       | est in any business-re                          | elated proper    | ty?                                |   |                     |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.              |                   |                      |   |                  |                                    |   | <b>port</b><br>Do r | rent value of the<br>tion you own?<br>not deduct secured claims<br>kemptions |
| 38.  | <b>✓</b> | ounts receivable or                                   | commissions       | s you alread         | y earned  |                  |                                    |   |                     |  |
| 39.  | Offic    | Yes. Describe ce equipment, furn nples: Business-rela |                   |                      | odems, printers, copie                          | s, fax machin    | es, rugs, telephone                | es, desks, chairs, electro                                | onic dev            | vices  |
|      |          | No<br>Yes. Describe                                   |                   |                      |   |                  |                                    |   |                     |  |

| Deb          | tor 1 Karen Case IC                    | <u> 5-14378 DUCI FIIEU U4kakkatto EIILEIEU W4kahhnto (地向の5.24 De</u>  | <u>sc main</u>                        |
|--------------|--|---|---------------------------------------|
| 40.          | First Name  Machinery, fixtures, equ   | Middle Name Documati Page 18 of 70 Jupinent, supplies you use in business, and tools of your trade                    |                                       |
|              | <b>✓</b> No                            |   |                                       |
|              | Yes. Describe                          |   |                                       |
| 41.          | Inventory                              |   |                                       |
|              | ✓ No                                   |   |                                       |
|              | Yes. Describe                          |   |                                       |
| 42.          | Interests in partnershi                | ps or joint ventures  |                                       |
|              | ✓ No                                   | Name of entity: % of ownership:   |                                       |
|              | Yes. Give specific                     | Name of Charge.   |                                       |
|              | information about them                 | <del></del>   | -                                     |
|              |  |   |                                       |
| 43. <b>(</b> | Customer lists, mailing                | ists, or other compilations   |                                       |
|              | ✓ No                                   |   |                                       |
|              | _                                      | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                                       |                                       |
|              | —<br>∏ No                              |   |                                       |
|              | Yes. Descri                            | be  |                                       |
|              | _                                      |   |                                       |
| 44.          | _                                      | roperty you did not already list  |                                       |
|              | ✓ No                                   |   |                                       |
|              | Yes. Give specific information         |   |                                       |
|              |  |   |                                       |
|              |  |   | -                                     |
|              |  |   | -                                     |
|              |  |   | -                                     |
|              |  |   | _                                     |
| 15. A        | dd the dollar value of al              | of your entries from Part 5, including any entries for pages you have attached  |                                       |
|              | art 5. Write that number               |   |                                       |
| Part         |  | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1. |                                       |
| 46.          | Do you own or have a                   | y legal or equitable interest in any farm- or commercial fishing-related property?                                    |                                       |
|              | ✓ No. Go to Part 7.                    |   | Current value of the portion you own? |
|              | Yes. Go to line 47.                    |   | Do not deduct secured claims          |
|              |  |   | or exemptions                         |
| 47.          | Farm animals Examples: Livestock, pour | ltry, farm-raised fish  |                                       |
|              | √ No                                   |   |                                       |
|              | Yes. Describe                          |   |                                       |
|              |  |   |                                       |

| Deb          | tor 1 Karen Case<br>First Name           | <u>16-14378</u>     | Doc 1           | Filed 04/27/16 Document     | Entered 04<br>Page 19 of 7 | /2⁄7/1166/146i;55: <u>24</u><br>0 | Desc Main    |   |
|--------------|--|---------------------|-----------------|-----------------------------|----------------------------|-----------------------------------|--------------|---|
| 48.          | Crops-either grov                        | ing or harvested    | ł               | Boodinione                  | . ago <b>20</b> o          | •                                 |              |   |
|              | <b>✓</b> No                              |                     |                 |                             |                            |                                   |              |   |
|              | Yes. Describe.                           |                     |                 |                             |                            |                                   |              |   |
| 49.          | Farm and fishing                         | equipment, imple    | ements, mach    | inery, fixtures, and tool   | s of trade                 |                                   |              |   |
|              | <b>✓</b> No                              |                     |                 |                             |                            |                                   |              |   |
|              | Yes. Describe.                           |                     |                 |                             |                            |                                   |              |   |
| 50.          | Farm and fishing                         | supplies, chemic    | als, and feed   |                             |                            |                                   |              |   |
|              | <b>✓</b> No                              |                     |                 |                             |                            |                                   |              |   |
|              | Yes. Describe.                           |                     |                 |                             |                            |                                   |              |   |
| 51.          | Any farm- and cor                        | nmercial fishing-   | related proper  | rty you did not already I   | ist                        |                                   |              |   |
|              | <b>✓</b> No                              |                     |                 |                             |                            |                                   |              |   |
|              | Yes. Describe.                           |                     |                 |                             |                            |                                   |              |   |
| A            | مريام المالية                            | -£ -!! -£           | des from Dest   | C in alcoling a part and in | . f                        | attack ad                         |              |   |
|              |  | -                   |                 | 6, including any entries    |                            |                                   |              | _ |
|              |  |                     |                 |                             |                            |                                   |              |   |
|              | _  |                     |                 |                             |                            |                                   |              |   |
| Part         |  |                     |                 | ave an Interest in T        | hat You Did Not            | List Above                        |              |   |
| 53.          | Do you have other<br>Examples: Season to |                     |                 | not already list?           |                            |                                   |              |   |
|              | ✓ No                                     |                     |                 |                             |                            |                                   |              |   |
|              | Yes. Give speci                          | fic                 |                 |                             |                            |                                   | _            |   |
|              | information                              |                     |                 |                             |                            |                                   |              |   |
|              |  | -                   |                 |                             |                            |                                   |              |   |
| 54 A         | dd the dollar value                      | of all of your enti | ios from Part   | 7. Write that number he     | are.                       |                                   |              |   |
| J4. A        | du trie dollar value                     | or all or your end  | ies iroin Fait  | 7. Write that number he     | ie                         |                                   |              |   |
|              |  |                     |                 |                             |                            |                                   |              |   |
| Part         | 8: List the Total                        | als of Each Pa      | art of this F   | orm                         |                            |                                   |              |   |
|              |  |                     |                 |                             |                            | _                                 |              |   |
| 55. <b>I</b> | Part 1: Total real est                   | ate, line 2         | •••••           |                             |                            | <b>/</b>                          |              |   |
| 56. <b>p</b> | part 2 total vehicles                    | , line 5            |                 | \$13625.                    | 00                         |                                   |              |   |
| 57. <b>P</b> | art 3: Total person                      | al and household    | items, line 15  | \$2550.0                    | 0                          |                                   |              |   |
| 58. <b>P</b> | art 4: Total financia                    | l assets, line 36   |                 | \$425.00                    | _                          |                                   |              |   |
| 59. <b>F</b> | Part 5: Total busine                     | ss-related proper   | rty, line 45    |                             |                            |                                   |              |   |
| 60. <b>F</b> | Part 6: Total farm- a                    | nd fishing-relate   | d property, lir | ne 52                       |                            |                                   |              |   |
| 61. <b>F</b> | Part 7: Total other p                    | roperty not listed  | d, line 54      |                             |                            |                                   |              |   |
| 62. 7        | Total personal prop                      | erty. Add lines 56  | through 61      | \$16600.                    | 00                         |                                   | + \$16600.00 |   |
|              |  |                     |                 | 410000.                     | <del></del>                | Copy personal property to         |              |   |
|              |  |                     |                 |                             |                            |                                   | \$16600.00   |   |
| 63. <b>T</b> | otal of all property                     | on Schedule A/B     | . Add line 55 + | line 62                     |                            |                                   |              |   |

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Schedule A/B: Property. Additional page

| Part 3: Describe Y  | our Personal and Household Items                                   |  |
|---------------------|--|--|
| Do you own or ha    | ave any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.2. Household good | ds and furnishings   |  |
| ☐ No                |  |  |
| Yes. Describe       | used furniture   | \$300.00   |

| Fill i                                      | n this inform   | Case 16-14378 ation to identify your case:   | Doc 1 Filed 04  | ./27/16  | 4/27/16 16:55:24   | Desc Main                         |
|---|---|--|---|--|--|-----------------------------------|
|   | otor 1  | Karen  |   | Luckett  | _  |                                   |
|   | otor 2<br>ouse, if filing)  | First Name   | Middle Name  Middle Name  | Last Name  Last Name   | _  |                                   |
|   |   |  | Northern  | District of Illinois   | _  |                                   |
|   | e number<br>nown)   |  |   | (State)  | _  |                                   |
| Of  | ficial F  | orm 106C   |   |  | <u></u>  | Check if this is a amended filing |
| Sc  | hedul   | e C: The Prop  | erty You Clain  | n as Exempt  |  | 12/1                              |
| For<br>s to<br>exer<br>exer<br>exer<br>orop | each iten o state a s mpted up eive certa mption of perty is d  11: Ident Which set | n of property you classecific dollar amount to the amount of an in benefits, and tax-100% of fair market etermined to exceed ify the Property You of exemptions are you classecific to the property of the property of exemptions are you classecific to the property of the property of exemptions are you classecific to the property of the | t as exempt. Alternati<br>y applicable statutory<br>exempt retirement full<br>value under a law that<br>that amount, your ex<br>Claim as Exempt<br>aiming? Check one only, evenonbankruptcy exemptions. 1 | ust specify the amount ively, you may claim the limit. Some exemption ds—may be unlimited at limits the exemption emption would be limited if your spouse is filing with | e full fair market valuens—such as those fo<br>I in dollar amount. Ho<br>to a particular dollar<br>ted to the applicable s | amount and the value of the       |
| 2.  |   |  |   | empt, fill in the information  | below.   |                                   |
|   |   | ription of the property an<br>ale A/B that lists this prop   |   | Amount of the exemption  Check only one box for each   | •  | cific laws that allow exemption   |
|   | Brief<br>description  | Bank of America  | \$174.00  | <b>✓</b>   |  | 735 ILCS 5/12-1001(b)             |
|   | Line from<br>Schedule A   | /B: <u>17</u>  |   | 100% of fair market val  |  |                                   |
|   | Brief<br>description  | : Misc. Clothing   | \$350.00  | <b>7</b>   |  | 735 ILCS 5/12-1001(a)             |
|   | Line from<br>Schedule A   | /B: 11   | <u> </u>  | \$35<br>100% of fair market val<br>applicable statutory lin  |  |                                   |
| 3.  | (Subject to   | adjustment on 4/01/19 and o  | •   | 75? ses filed on or after the date of a  | •  |                                   |

☐ No

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First Name Doc 1

| Part 2: Addition                                    | nal Page  |          |   |                                    |
|---|---|----------|---|------------------------------------|
| •   | Brief description of the property and line on Schedule A/B that lists this property |          | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
| Brief description: Line from Schedule A/B:          | Security Deposit -<br>Pangea  | \$250.00 | \$250.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief<br>description:<br>Line from<br>Schedule A/B: | Costume Jewelry   | \$100.00 | \$100.00 100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | Bank of America   | \$1.00   | \$1.00 100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| Brief description:<br>Line from Schedule A/B:       |   | \$200.00 | \$200.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief description: Line from Schedule A/B:          | used furniture  | \$300.00 | \$300.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |

|            |                                       | Case 16-14378  | Doc 1 Filed  | 04/27/16             | Entered 04/27                                      | /16 16:55:24  | Desc Main  |                                   |
|------------|---------------------------------------|--|--|----------------------|--|---|--|-----------------------------------|
| Fill       | in this informa                       | ation to identify your case:   |  |                      | J  |   |  |                                   |
| Deb        | otor 1                                | Karen  |  | Lucket               | t  |   |  |                                   |
|            |                                       | First Name   | Middle Name  | Last N               | ame  |   |  |                                   |
|            | otor 2<br>ouse, if filing)            | First Name   | Middle Name  | Last N               | ame  |   |  |                                   |
| Uni        | ted States Ba                         | ankruptcy Court for the:   | Northern   | District of III      |  |   |  |                                   |
|            | se number                             |  |  | (5                   | State)   |   |  |                                   |
|            | · · · · · · · · · · · · · · · · · · · | orm 106D   |  |                      |  |   |  | neck if this is a                 |
|            |                                       |  | ore Who Ho   | vo Cloir             | ne Seeured   | by Propo  |  | nended filing                     |
| <b>3</b> ( | neau                                  | le D: Credito  | ors who ha   | ve Clair             | ns Secured   | by Prope  | rty  | 12/1                              |
| forn<br>1. | Do any cre No. Ch Yes. Fi             | mation. If more space top of any additional ditors have claims secure this box and submit this II in all of the information be | al pages, write you<br>ed by your property?<br>s form to the court with yo | r name and o         | case number (if kno                                | own).   | es, and attach it t                                    | o this                            |
|            |                                       | All Secured Claims   |  | Latera Petitles and  | - Pton and a sector for a sector                   | O-1 A   | 0-1 P  | 0.10                              |
| 2.         | claim. If mor                         | ured claims. If a creditor hare than one creditor has a put the claims in alphabetical   | particular claim, list the oth   | ner creditors in Pa  |  | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1        |                                       | Consumer USA   |  |                      | the eleine   | \$19,922.00   | \$13,625.00  | \$6,297.00                        |
|            | Creditor's Na PO Box 96               |  | Describe the proper  | ty that secures      | tne ciaim:   |   |  |                                   |
|            | Number                                | Street   | Dodge, Grand Carav  As of the date you f                                   |                      |  |   |  |                                   |
|            |                                       |  | Contingent   | ne, the claim is.    | Check all that apply.                              |   |  |                                   |
|            | Fort Worth                            | 1 Texas         76161           State         ZIP Code   | Unliquidated   |                      |  |   |  |                                   |
|            | - ',                                  | the debt? Check one.   | Disputed   |                      |  |   |  |                                   |
|            | ✓ Debtor                              | 1 only   | Nature of lien. Chec   | k all that apply.    |  |   |  |                                   |
|            | Debtor                                | •  | _  |                      | mortgage or secured                                |   |  |                                   |
|            |                                       | 1 and Debtor 2 only  | car loan)  |                      | mongage or occurred                                |   |  |                                   |
|            | At least another                      | one of the debtors and   | Statutory lien (su   | -                    | echanic's lien)                                    |   |  |                                   |
|            |                                       | if this claim relates to a   | Judgment lien fro  |                      |  |   |  |                                   |
|            |                                       | unity debt<br>vas incurred 5/1/2012  | Other (including   | a right to offset) _ |  |   |  |                                   |
|            |                                       |  | Last 4 digits of acc   | ount number          | 1000   |   |  |                                   |
| 2.2        | ACCEPTAN                              | ICE NOW  | Describe the proper  | ty that socures      | the claim:   | \$6,783.00  | \$1,600.00   | \$5,183.00                        |
|            | Creditor's Na<br>5501 Head            | ame<br><b>quarters Dr</b>  |  | <u>-</u>             |  | •   |  |                                   |
|            | Number                                | Street   | As of the date you f   |                      | n set   Value: \$1,600.00<br>Check all that apply. |   |  |                                   |
|            | Plano                                 | Texas 75024  | Contingent   |                      |  |   |  |                                   |
|            | City                                  | State ZIP Code   | Unliquidated   |                      |  |   |  |                                   |
|            | Who owes  ✓ Debtor                    | the debt? Check one.   | Disputed   |                      |  |   |  |                                   |
|            | Debtor                                | •  | Nature of lien. Chec   | k all that apply.    |  |   |  |                                   |
|            |                                       | 1 and Debtor 2 only  | An agreement yo car loan)  | ou made (such as     | mortgage or secured                                |   |  |                                   |
|            |                                       | one of the debtors and   |  | ch as tax lien, me   | echanic's lien)                                    |   |  |                                   |
|            | another                               |  | Judgment lien from   | -                    |  |   |  |                                   |
|            | commu                                 | if this claim relates to a unity debt  | Other (including   |                      |  |   |  |                                   |
|            | Date debt v                           | vas incurred <u>11/1/2015</u>  | Last 4 digits of acc   | · -                  | 0765   |   |  |                                   |
|            |                                       | Add the dollar value of y  |  |                      |  | \$26,705.00   |  |                                   |
|            |                                       |  |  | - 13                 |  | ,   | 1  |                                   |

|                             |   | Case 16-14378  | R Doc 1 Filed   | 04/27/16   | Entered 04/2   | 27/16 16:55:24                                   | Desc                             | Main                          |                               |
|-----------------------------|---|--|---|--|--|--|----------------------------------|-------------------------------|-------------------------------|
| Fill in                     | this informa  | ation to identify your case  |   |  |  | ,_0 _0.00  |                                  |                               |                               |
| Debte                       | or 1  | Karen<br>First Name  | National and Albaman  | Lucket<br>Last N   |  |  |                                  |                               |                               |
| Debto                       | or 2  | First Name   | Middle Name   | Lastin   | ame  |  |                                  |                               |                               |
| (Spou                       | use, if filing)   | First Name   | Middle Name   | Last N   | ame  |  |                                  |                               |                               |
| Unite                       | d States Ba   | nkruptcy Court for the:  | Northern  | District of III  |  |  |                                  |                               |                               |
|                             | number  |  |   | (3   | State)   |  |                                  |                               |                               |
| (If kno                     | ,   | **** 100F/F  |   |  |  |  | ☐ Chec                           | ck if this is an              | amended filing                |
|                             |   | orm 106E/F   |   |  | _  |  |                                  |                               | arrioriada illirig            |
| Sc                          | hedu  | le E/F: Cre  | ditors Who  | Have U   | nsecured   | Claims   |                                  |                               | 12/15                         |
| 106Å/l<br>are lis<br>the bo | B) and on S<br>ted in Sche<br>exes on the                       | Schedule G: Executory edule D: Creditors Who eleft. Attach the Contin                        | xpired leases that could in<br>Contracts and Unexpire<br>of Hold Claims Secured b<br>uation Page to this page<br>Y Unsecured Claims                 | d Leases (Officially Property. If most on the top of a           | al Form 106G). Do no<br>ore space is needed                | ot include any credito<br>, copy the Part you ne | rs with parti<br>ed, fill it out | ally secured<br>t, number the | l claims that<br>e entries in |
| 1.                          | Do any cre  | ditors have priority uns   | ecured claims against yo  | ou?  |  |  |                                  |                               |                               |
|                             | No. Go<br>Yes.  | to Part 2.   |   |  |  |  |                                  |                               |                               |
| -                           | List all of y<br>identify wha<br>possible, lis<br>Part 1. If mo | t type of claim it is. If a cla<br>t the claims in alphabetica<br>ore than one creditor hold | claims. If a creditor has min has both priority and not all order according to the cress a particular claim, list the laim, see the instructions fo | npriority amounts<br>editor's name. If y<br>e other creditors in | list that claim here ar<br>ou have more than tw<br>Part 3. | nd show both priority and                        | I nonpriority a                  | amounts. As r                 | much as                       |
|                             |   |  |   |  |  |  | Total claim                      | Priority amount               | Nonpriority amount            |
|                             |   |  |   |  |  |  |                                  |                               |                               |

Karen Case 16-14378 Doc 1 Filed 04/27/16 Entered 04/27/16 16:55:24 Desc Main Debtor 1 Document Page 25 of 70 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **7** List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 AT&T Mobility II LLC \$500.00 Last 4 digits of account number Nonpriority Creditor's Name One AT&T Way Room 3A104 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **Bedminster** New Jersey 07921 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Cell phone Is the claim subject to offset? **✓** No Yes 4.2 Chicago Public Library \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 400 S. State St. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60605 Chicago Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed **V** Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify Library Dues **✓** No Yes 4.3 Comcast \$150.00 Last 4 digits of account number Nonpriority Creditor's Name 11621 E. Marginal Way # 5 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Seattle Washington 98168 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Internet Is the claim subject to offset? **✓** No

Yes

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd \$400.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60181 Oakbrook Terrace Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt  $\overline{\mathbf{V}}$ Other. Specify Electricity Is the claim subject to offset? **✓** No ☐ Yes 4.5 CREDIT MANAGEMENT LP \$346.00 Last 4 digits of account number Nonpriority Creditor's Name 4200 INTÉRNATIONAL PKWY When was the debt incurred? 11/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent CARROLLTON 75007 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only 4.6

| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt is the claim subject to offset?  | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify</li></ul>      |
|---|---|
| Yes  FORTIVA/ATLANTICUS  Nonpriority Creditor's Name PO BOX 105555  Number Street   | Last 4 digits of account number 6175 \$360.00  When was the debt incurred? 8/1/2013  As of the date you file, the claim is: Check all that apply.   |
| ATLANTA Georgia 30348 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |
| Is the claim subject to offset?   | ✓ Other. Specify 024 InstallmentLoan  |

Yes

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page 

| Last 4 digits of account number   0682   \$739.00  |     | After listing any entries on this page, number them beginning v | vith 4.5, followed by 4.6, and so forth.                          | Total claim |
|--|-----|---|---|-------------|
| Nonprotriy Creditor's Name   Last 4 digits of account number   Second   Street   S   | 47  |   |   | \$739.00    |
| Number   Street   As of the date you file, the claim is: Check all that apply.   Contingent   City   State   Zip Code   Uniquidated   Uniqui   | 1.7 | Nonpriority Creditor's Name                                     | — Last 4 digits of account number0582                             | Ψ133.00     |
| As of the date you file, the claim is: Check all that apply.    Contingent   City   State   City   Code   City   Code   Code   City   Code   C |     |   | When was the debt incurred? 9/1/2015                              |             |
| MASON Chio 45040 Uniquidated Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Street Associated By Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 by Saule Debtor 2 only Debtor 3 by Saule 2004 Consulting Debtor 2 only Debtor 3 by Saule 2004 Consulting Debtor 3 by Saule 2004 Consulting Debtor 2 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 by Saule 2004 Consulting Debtor 3 only Debtor 3 only Debtor 4 only Saule 2004 Consulting Debtor 3 only Debtor 4 only Saule 2004 Consulting Debtor 4 only Saule 2004 Consulting Debtor 3 only Debtor 4 only Saule 2004 Consulting Debtor 4 only Saule 2004 Consulting Debtor 3 only Debtor 4 only Saule 2004 Consulting Debtor 4 only Saule 2004 Consulting Debtor 3 only Debtor 4 only Saule 2004 Consulting Debtor 5 only |     | Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
| MASON  |     |   |   |             |
| Disputed    |     |   | <b>H</b>  |             |
| Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 5 only   Debtor 5 and Debtor 5 only   Debtor 6 and Debtor 5 only   Debtor 6 and Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 7 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 9 only    |     | ,   |   |             |
| Debtor 2 only  |     |   | <del></del>   |             |
| Debtor 1 and Debtor 2 only   |     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |             |
| At least one of the debtors and another   Check if this claim relates to a community debt   Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts   Calleding Collecting Collecting for ORIGINAL CREDITOR: 07 NATIONAL LOUIS   |     |   | Student loans   |             |
| Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts  |     |   | Obligations arising out of a separation agreement or divorce that |             |
| St the claim subject to offset?  |     | At least one of the debtors and another                         |   |             |
| No   |     | Check if this claim relates to a community debt                 |   |             |
| Other. Specify UNIVERSITY    Illinois Lending   Contingent   Contingen |     | Is the claim subject to offset?                                 | Collection; Collecting for ORIGINAL                               |             |
| Yes   Sillinois Lending   Sanother   Sirger   Sanother   Sanother   Sirger   Sanother   Sirger   Sanother   Sano   |     | ✓ No  |   |             |
| Nonpriority Creditor's Name  408 N. Wells  Number Street  As of the date you file, the claim is: Check all that apply.  Chicago   Illinois   60610   Contingent   Unliquidated   Unliquida |     | Yes   | <u> </u>  |             |
| Nonpriority Creditor's Name  408 N. Wells  Number Street  As of the date you file, the claim is: Check all that apply.  Chicago   Illinois   60610   Contingent   Unliquidated   Unliquida | 4.8 | Illinois Lending  | Lord A. Polita of account words                                   | \$300.00    |
| Number   Street   As of the date you file, the claim is: Check all that apply.   |     |   | <u>———</u>  | φοσοίσο     |
| As of the date you file, the claim is: Check all that apply.  Chicago Illinois 60610 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Ves  State Laim subject to offset?  Who incurred the debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Ves  Last 4 digits of account number 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply.  Last 4 digits of account number 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Who incurred the debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only State Viniquic atted Unliquidated Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 1 only Student loans Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 priority claims Debtor 4 as eparation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 2 polly Debtor 3 priority claims Debtor 4 pollogiations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 pollogiations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 priority claims Debtor 4 pollogiations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 3 pollogiations arising out of a separation agreement or divorce that you |     |   | When was the debt incurred? n/a                                   |             |
| Chicago Illinois 60610 City State Zip Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 test one of the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes  4.9 Keynote Consulting Nonpriority Creditor's Name 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 and Debtor 2 only □ When was the debt incurred? 8/1/2014 ■ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 and Debtor 2 only □ Check if this claim relates to a community debt Is the claim subject to offset? □ Check if this claim relates to a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Oli Collection; Collection for ORIGINAL □ CREDITION: MEDICAL PAYMENT   |     | Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
| City State Zip Code Who incurred the debt? Check one. Disputed Disputed Debtor 1 only Type of NONPRIORITY unsecured claim:  Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify Payday Loan  Ves  4.9 Keynote Consulting Nonpriority Creditor's Name 220 W. Campus Drive # 102 When was the debt incurred? 8/1/2014  Arlington Heights Illinois 60004 City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Other. Specify Debtor 1 or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Unliquidated Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 or off-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Student loans Debts to pension or profit-sharing plans, and other similar debts Student Collecting for ORIGINAL CEDITOR: MEDICAL PAYMENT  |     |   | Contingent  |             |
| Who incurred the debt? Check one.  □ Disputed □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 the debtors and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ No □ Yes □ Vicampus Drive # 102 Number Street  Ad ilington Heights Illinois 60004 □ City State Zip Code Who incurred the debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 fithis claim relates to a community debt Is the claim subject to offset? □ Disputed □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Debtor 3 and Debtor 3 and another □ Check if this claim relates to a community debt Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts □ Debts to pension or profit-sharing plans, and other similar debts □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 3 and another □ Check if this claim relates to a community debt □ Debtor 3 and Debtor 4 only □ Debtor 4 and Debtor 5 and another □ Check if this claim relates to a community debt □ Debtor 1 only □ Debtor 3 and Debtor 4 only □ Debtor 4 and Debtor 5 and another □ Check if this claim relates to a community debt □ Debtor 5 and another □ Check if this claim relates to a community debt □ Debtor 5 and another □ Check if this claim relates to a community debt □ Debtor 1 and Debtor 2 only □ Debtor 1 an  |     |   | Unliquidated  |             |
| Debtor 1 only  |     | ,   |   |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  Ves  4.9 Keynote Consulting Nonpriority Creditor's Name 220 W. Campus Drive # 102 Number Street  Arlington Heights Illinois 60004 City State Zip Code Who incurred the debt? Check one.  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  Check if this claim relates to a community debt Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 collection; Collection; Collection of Collection of Or ORIGNAL CREDITOR: MEDICAL PAYMENT   |     |   |   |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes  4.9 Keynote Consulting Nonpriority Creditor's Name 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply.  Arlington Heights Illinois 60004 Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Debts to pension or profit-sharing plans, and other similar debts  CREDITOR: MEDICAL PAYMENT   |     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                              |             |
| At least one of the debtors and another  |     |   | Student loans   |             |
| Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts  |     | <b>=</b>  |   |             |
| Is the claim subject to offset?  No Yes  4.9 Keynote Consulting Nonpriority Creditor's Name 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply.  Arlington Heights Illinois 60004 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Other. Specify Payday Loan  Other Specify Loan  Other Specify Loan  State State \$\frac{1}{8}\tau{1}{1}\tau{1}{2}\tau{1}\tau{1}{2}\tau{1}{2}\tau{1}{2}\tau{1}{2}\tau{1}\tau{1}{2}\tau{1}\tau{1}{2}\tau{1}\tau{1}{2}\tau{1}1     |     | 片   |   |             |
| A.9   Yes     A.9   Keynote Consulting   Nonpriority Creditor's Name   220 W. Campus Drive # 102   When was the debt incurred?   8/1/2014     As of the date you file, the claim is: Check all that apply.   |     | Check if this claim relates to a community debt                 |   |             |
| Yes  |     | — ·   | ✓ Other. Specify Payday Loan                                      |             |
| A.9   Keynote Consulting   Nonpriority Creditor's Name   220 W. Campus Drive # 102   When was the debt incurred?   8/1/2014  |     | <u>✓</u> No   |   |             |
| Nonpriority Creditor's Name 220 W. Campus Drive # 102 Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  When was the debt incurred?  8/1/2014  When was the debt incurred?  8/1/2014  When was the debt incurred?  8/1/2014  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Unliquidated  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     | Yes   |   |             |
| Northribity Credition's Name  220 W. Campus Drive # 102  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Contingent  Unliquidated  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  When was the debt incurred?  8/1/2014  When was the debt incurred?  8/1/2014  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Unliquidated  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Is the claim subject to offset?  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  | 4.9 |   | — Last 4 digits of account number 0544                            | \$180.00    |
| As of the date you file, the claim is: Check all that apply.  Arlington Heights Illinois 60004 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Unliquidated Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     | Nonpriority Creditor's Name                                     | <u>———</u>  |             |
| Arlington Heights Illinois 60004 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Contingent  Unliquidated  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     |   | when was the debt incurred? 8/1/2014                              |             |
| Arlington Heights Illinois 60004 City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Illinois 60004  Unliquidated  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     |   | As of the date you file, the claim is: Check all that apply.      |             |
| City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  VOI Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     | Adia stan Heights III in Coood                                  | Contingent  |             |
| Who incurred the debt? Check one.  ☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ O01 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     |   | Unliquidated  |             |
| ✓ Debtor 1 only       Type of NONPRIORITY unsecured claim:         ☐ Debtor 2 only       Student loans         ☐ Debtor 1 and Debtor 2 only       Obligations arising out of a separation agreement or divorce that you did not report as priority claims         ☐ Check if this claim relates to a community debt       Debts to pension or profit-sharing plans, and other similar debts         Is the claim subject to offset?       Ø01 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     |   |   |             |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts O01 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     | Debtor 1 only   | <del>-</del> ·  |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     | Debtor 2 only   | <u>~</u>  |             |
| At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Out Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     | Debtor 1 and Debtor 2 only                                      |   |             |
| ☐ Check if this claim relates to a community debt  Is the claim subject to offset?  Out Collection; Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT  |     |   |   |             |
| Is the claim subject to offset?  O01 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL PAYMENT   |     | 불   |   |             |
| CREDITOR: MEDICAL PAYMENT  |     |   |   |             |
|  |     | _ ·   |   |             |
| Other. Specify DATA  |     | ✓ No  |   |             |

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First Name Middle Name Docume 11th Page 28 of 70

Your NONPRIORITY Unsecured Claims - Continuation Page 

|      | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.  | Total claim |
|------|---|---|-------------|
| 4.10 | KOHLS/CAPONE  | Last 4 digits of account number 2818  | \$589.00    |
|      | Nonpriority Creditor's Name<br>PO Box 3004                    | When was the debt incurred? 10/1/2013   |             |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|      |   | Contingent  |             |
|      | Milwaukee Wisconsin 53201                                     | Unliquidated  |             |
|      | City State Zip Code Who incurred the debt? Check one.         | Disputed  |             |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 2 only   | Student loans   |             |
|      | Debtor 1 and Debtor 2 only                                    |   |             |
|      | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|      | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts   |             |
|      | Is the claim subject to offset?                               | ✓ Other. Specify <u>CreditCard</u>  |             |
|      | <b>✓</b> No   |   |             |
|      | Yes   |   |             |
| 4.11 | PEOPLES ENGY  | Last 4 digits of account number 7435  | \$451.00    |
|      | Nonpriority Creditor's Name<br>200 EAST RANDOLPH              | When was the debt incurred? 11/1/2015   |             |
|      | Number Street   |   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  |             |
|      | CHICAGO Illinois 60601  | Contingent  |             |
|      | City State Zip Code   | Unliquidated  |             |
|      | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |             |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|      | At least one of the debtors and another                       | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |             |
|      | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts   |             |
|      | Is the claim subject to offset?                               | Other. Specify InstallmentLoan  |             |
|      | ✓ No  |   |             |
|      | Yes   |   |             |
| 4.12 | PLS Loan Store  | Last 4 digits of account number   | \$1,000.00  |
|      | Nonpriority Creditor's Name<br>9920 W. Western                | When was the debt incurred?   |             |
|      | Number Street   |   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  |             |
|      | Chicago Illinois 60655  | Contingent  |             |
|      | City State Zip Code   | Unliquidated  |             |
|      | Who incurred the debt? Check one.  Debtor 1 only              | Disputed  |             |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only                                    | Student loans   |             |
|      | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |             |
|      | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts   |             |
|      | Is the claim subject to offset?                               | ✓ Other. Specify Payday Loan  |             |
|      | <u>✓</u> No   |   |             |
|      | Yes   |   |             |

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Your NONPRIORITY Unsecured Claims - Continuation Page 

|      | After listing any entries on this page, number them beginning       | with 4.5, followed by 4.6, and so forth.  | Total claim |
|------|---|---|-------------|
| 4.13 | U S DEPT OF ED/GSL/ATL  | Lead A Policy of account would be 2000  | \$29.00     |
|      | Nonpriority Creditor's Name<br>PO BOX 2287                          | Last 4 digits of account number 0456  | ΨΣ0.00      |
|      | Number Street   | When was the debt incurred? 7/1/2013  |             |
|      |   | As of the date you file, the claim is: Check all that apply.  |             |
|      | ATLANTA Georgia 30301   | Contingent  |             |
|      | City State Zip Code   | Unliquidated  |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                    | Disputed  |             |
|      |   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 2 only   | ✓ Student loans   |             |
|      | Debtor 1 and Debtor 2 only  At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that                                       |             |
|      | 블   | you did not report as priority claims   |             |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Is the claim subject to offset?                                     | Other. Specify  |             |
|      | ✓ No  |   |             |
|      | Yes   |   |             |
| 4.14 | U S DEPT OF ED/GSL/ATL Nonpriority Creditor's Name                  | Last 4 digits of account number 4249  | \$23.00     |
|      | PO BOX 2287   | When was the debt incurred? 7/1/2013  |             |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|      |   | Contingent  |             |
|      | ATLANTA Georgia 30301   | Unliquidated  |             |
|      | City State Zip Code Who incurred the debt? Check one.               | Disputed  |             |
|      | ✓ Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 2 only   | <u> </u>  |             |
|      | Debtor 1 and Debtor 2 only  | ✓ Student loans   |             |
|      | At least one of the debtors and another                             | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Is the claim subject to offset?                                     | Other. Specify  |             |
|      | <u>✓</u> No   |   |             |
|      | Yes   |   |             |
| 4.15 | Victoria Secrets  | Last 4 digits of account number   | \$300.00    |
|      | Nonpriority Creditor's Name<br>PO Box 659728                        | When was the debt incurred?   |             |
|      | Number Street   | <del></del>   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  |             |
|      | San Antonio Texas 78265   | Contingent  |             |
|      | City State Zip Code   | Unliquidated  |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                    | Disputed  |             |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |             |
|      | Debtor 1 and Debtor 2 only  | Student loans   |             |
|      | <u>-</u>  | Obligations arising out of a separation agreement or divorce that                                       |             |
|      | At least one of the debtors and another                             | you did not report as priority claims   |             |
|      | Check if this claim relates to a community debt                     | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|      | Is the claim subject to offset?                                     | ✓ Other. Specify <u>Credit Card</u>   |             |
|      | ✓ No  |   |             |
|      | Yes   |   |             |

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/27/416 Entered 04/27/416 (146:55:24 Desc Main Pirst Name Document Page 30 of 70 Part 4: Add the Amounts for Each Type of Unsecured Claim

| 6. Total the a           | mounts of certain types of unsecured claims. This information is for each type of unsecured claim.          | or sta | tistical reporting purposes only. 2 | 8 U.S.C. |
|--------------------------|---|--------|-------------------------------------|----------|
|                          |   |        | Total claims                        |          |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.    | \$0.00                              |          |
| nom rait i               | 6b. Taxes and certain other debts you owe the government  | 6b.    | \$0.00                              |          |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | l 6c.  | \$0.00                              |          |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d.    | \$0.00                              |          |
|                          | 6e. Total. Add lines 6a through 6d.   | 6e.    | \$0.00                              |          |
|                          |   |        | Total claims                        |          |
| Total claims from Part 2 | 6f. Student loans   | 6f.    | \$52.00                             |          |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.    | \$0.00                              |          |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.    | \$0.00                              |          |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i.    | \$5,365.00                          |          |
|                          | 6j. Total. Add lines 6f through 6i.   | 6j.    | \$5,417.00                          |          |

| Fill in this inform    | Case 16-1437<br>nation to identify your case |                                   | 4/27/16 Entered                      | 04/27/16 16:55:24  | Desc Main  |
|------------------------|--|-----------------------------------|--------------------------------------|--|--|
| Debtor 1               | Karen  |                                   | Luckett                              |  |  |
|                        | First Name                                   | Middle Name                       | Last Name                            |  |  |
| Debtor 2               | . —  |                                   |                                      |  |  |
| (Spouse, if filing     | ) First Name                                 | Middle Name                       | Last Name                            |  |  |
| United States Ba       | ankruptcy Court for the:                     | Northern                          | District of Illinois                 |  |  |
|                        |  |                                   | (State)                              |  |  |
| Case number (If known) |  |                                   |                                      |  |  |
| ()                     |  |                                   |                                      |  | Check if this is a   |
| Official I             | Form 106G                                    |                                   |                                      |  | amended filing   |
|                        |  | _                                 |                                      |  |  |
| Schedul                | e G: Execut                                  | ory Contracts                     | and Unexpired                        | Leases   | 12/1   |
|                        | d, copy the additional p                     |                                   |                                      |  | ing correct information. If more onal pages, write your name and |
| 1. Do you ha           | ave any executory                            | contracts or unexpired            | leases?                              |  |  |
| No. Che                | ck this box and file this for                | rm with the court with your othe  | r schedules. You have nothing        | g else to report on this form.                                 |  |
| ✓ Yes. Fill            | in all of the information be                 | elow even if the contracts or lea | ases are listed on <i>Schedule A</i> | /B: Property (Official Form 106A                               | /B).   |
|                        |  |                                   |                                      | state what each contract or leamples of executory contracts an |  |
| Person                 | or company with whor                         | n you have the contract or le     | ase                                  | State what the contrac   | t or lease is for  |
| 2.1 Pangea R           | Real Estate                                  |                                   |                                      | Residential Lease,   |  |
| Name                   |  |                                   |                                      | Other,<br>Year to Year   |  |

2443 W. 58th Street Number

Chicago City Street

Illinois State 60629 Zip Code

|       |                             | Case 16-1437                            | 9 Doc 1 Filad (  | 14/27/16 Entered             | <u>04/2</u> 7/16 16:55:24          | Desc Main   |
|-------|-----------------------------|---|--|------------------------------|------------------------------------|---|
| Fill  | in this inform              | nation to identify your cas             |  | 14171110 FIIIEIEU            | 04/2//10 10.55.24                  | Desc Main   |
| De    | btor 1                      | Karen                                   |  | Luckett                      |                                    |   |
| De    | btor 2                      | First Name                              | Middle Name  | Last Name                    |                                    |   |
| -     |                             | First Name                              | Middle Name  | Last Name                    |                                    |   |
| Un    | ited States B               | ankruptcy Court for the:                | Northern   | District of Illinois         |                                    |   |
|       | se number<br>known)         | -                                       |  | (State)                      | _                                  |   |
|       |                             |   |  |                              |                                    | Check if this is an amended filing  |
| Of    | fficial F                   | Form 106H                               |  |                              |                                    | ariended illing   |
|       |                             | e H: Your Co                            | odebtors   |                              |                                    | 12/1:   |
| in th | ne boxes on<br>ry question. | the left. Attach the Add                | litional Page to this page. C  |                              | Pages, write your name and c       | ge, fill it out, and number the entries<br>case number (if known). Answer                 |
| 2.    | Louisiana, No. G            | Nevada, New Mexico, Puo<br>o to line 3. | lived in a community prope<br>erto Rico, Texas, Washington,<br>pouse, or legal equivalent live | and Wisconsin.)              | unity property states and territor | <i>ie</i> s include Arizona, California, Idaho,   |
|       |                             | Yes. In which community s               | state or territory did you live? _   | Fill in the                  | name and current address of th     | at person.  |
|       |                             | Name of your spouse, f                  | ormer spouse, or legal equival   | ent                          | _                                  |   |
|       |                             | Number Street                           |  |                              | _                                  |   |
|       |                             | City                                    | State  | Zip Code                     | _                                  |   |
| 3.    | as a codeb                  | otor only if that person                | s a guarantor or cosigner.   | Make sure you have listed th |                                    | t the person shown in line 2 again<br>fficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|       | Column 1:                   | Your codebtor                           |  |                              | Column 2: The creditor to          | whom you owe the debt   |

Check all schedules that apply:

| Fill in th              | is information to identify           | y your case:   | 10=14.0             |                    | 7/16 16:              | :55:24        | Desc M              | ain                    |
|-------------------------|--------------------------------------|--|---------------------|--------------------|-----------------------|---------------|---------------------|------------------------|
| 5.1. 4                  |                                      | Docar  |                     | age 33 or          | 70                    |               |                     |                        |
| Debtor 1                | Karen<br>First Name                  | Middle Name  | Luckett<br>Last Nan | 00                 | -                     |               |                     |                        |
| Dobtor 2                | FIIST Name                           | Middle Name  | Lasi Nan            | le                 |                       | Check if this | s is:               |                        |
| Debtor 2<br>(Spouse, if | filing) First Name                   | Middle Name  | Last Nan            | ne                 | -                     | An ame        | ended filing        |                        |
|                         |                                      |  |                     |                    |                       | A suppl       | ement showing       | g post-petition chapte |
| United Sta              | ites Bankruptcy Court for the:       | Northern   | District of Illing  |                    | -                     |               | es as of the fol    |                        |
| Case num                | her                                  |  | (Sta                | te)                |                       |               |                     |                        |
| (If known)              |                                      |  |                     |                    | -                     | MM / D        | D/YYYY              | _                      |
| Officia                 | al Form 106I                         |  |                     |                    |                       |               |                     |                        |
| Sched                   | dule I: Your Inc                     | ome  |                     |                    |                       |               |                     | 1                      |
| Part 1:                 | Describe Employme                    | se number (if known). A  |                     | y question.        |                       | Dobtor        |                     |                        |
| 1.                      | Fill in your employment information. |  | Debtor 1            |                    |                       | Debtor 2      |                     |                        |
|                         | illiorillation.                      | Employment status  | <b>✓</b> Employed   | l                  |                       | Emplo         | ved                 |                        |
|                         | If you have more than one job,       |  | Not Employed        |                    |                       | nployed       |                     |                        |
|                         | attach a separate page with          |  | _                   |                    |                       |               | 1 37 3              |                        |
|                         | information about additional         | Occupation   | Family Suppo        | ort                |                       | -             |                     |                        |
|                         | employers.                           | Employer's name  | MarketStaff, I      | nc.                |                       |               |                     |                        |
|                         | Include part time, seasonal,         | Employer's address   | 29 N. Wacker        | Dr., Suite 250     |                       |               |                     |                        |
|                         | or<br>self-employed work.            | , ,, , , , , , , , , , , , , , , , , , ,                         | Number Street       | ,                  |                       | Number Street |                     |                        |
|                         | . ,                                  |  |                     |                    |                       |               |                     |                        |
|                         | Occupation may include student       |  |                     |                    |                       |               |                     |                        |
|                         | or homemaker, if it applies.         |  | Chicago             | Illinoio           | 60606                 |               |                     |                        |
|                         |                                      |  | Chicago<br>City     | Illinois<br>State  | Zip Code              | City          | St                  | tate Zip Code          |
|                         |                                      | How long employed there?   | 3 years             |                    |                       |               |                     |                        |
|                         |                                      | now long employed there.   |                     |                    |                       |               |                     |                        |
| Part 2:                 | Give Details About I                 | Monthly Income   |                     |                    |                       |               |                     |                        |
|                         |                                      |  |                     |                    |                       |               |                     |                        |
| Estimate are separ      | -                                    | date you file this form. If you ha                               | ave nothing to re   | eport for any line | e, write \$0 in the s | pace. Includ  | le your non-filir   | ng spouse unless you   |
| If you or y             |                                      | ore than one employer, combine the                               | ne information fo   | or all employers   | for that person on    | the lines be  | low. If you nee     | d more space, attach   |
| ,                       | -                                    |  |                     | For                | Debtor 1              | For Debt      | or 2 or<br>g spouse |                        |
|                         |                                      | ry, and commissions (before all lculate what the monthly wage wo |                     | 2.                 | \$3,125.01            |               |                     | -                      |
|                         | imate and list monthly overt         | · · ·  |                     | 3                  | + \$0.00              |               |                     |                        |

4. Calculate gross income. Add line 2 + line 3.

\$3,125.01

Filed 04/247/16 Entered @4/27/116-16:55:24 Desc Main Doc 1 Middle Name Documentame Page 34 of 70 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$3,125.01 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$617.70 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$617.70 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,507.31 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 \$0.00 8g. Pension or retirement income 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10.Calculate monthly income. Add line 7 + line 9. \$2,507.31 \$2,507.31 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$2,507.31 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

|                                | Case 16-1                            | 14378 Doc 1 Filed  | 04/27/16 Entered 04/2  | 27/16 16:55:24                                    | Desc N       | ⁄lain                        |
|--------------------------------|--------------------------------------|--|--|---|--------------|------------------------------|
| Fill in this inforn            | nation to identify ye                | our case:  | <u> </u>   |   |              |                              |
| Debtor 1                       | Karen                                |  | Luckett  |   |              |                              |
|                                | First Name                           | Middle Name  | Last Name  |   |              |                              |
| Debtor 2<br>(Spouse, if filing | Tinet Name                           | Middle Norse   | LastNama   | Check if this is:                                 |              |                              |
| (Spouse, il lilling            | First Name                           | Middle Name  | Last Name  | An amended filir                                  | ng           |                              |
|                                | ankruptcy Court fo                   | or the: Northern   | District of Illinois (State)   | A supplement si expenses as of                    |              | petition chapter 13<br>date: |
| Case number (If known)         | -                                    |  |  | 1414 / P.P. / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 2.4          |                              |
| ,                              |                                      |  |  | MM / DD / YYY                                     | Υ            |                              |
| Official I                     | Form 106                             | 6J   |  |   |              |                              |
| Schedul                        | e J. You                             | r Expenses   |  |   |              | 12/1                         |
| nformation. If r               |                                      | eded, attach another sheet to thi<br>on.                                   | are filing together, both are equally<br>s form. On the top of any additiona |   |              | number                       |
| 1. Is this a join              |                                      | uscholu  |  |   |              |                              |
|                                |                                      |  |  |   |              |                              |
| ✓ No. Go                       | to line 2                            |  |  |   |              |                              |
| Yes. Do                        | es Debtor 2 live                     | in a separate household?   |  |   |              |                              |
|                                | No                                   |  |  |   |              |                              |
|                                | Yes. Debtor 2 n                      | nust file Official Forms 106J-2, Expe                                      | enses for Separate Household of Debto  | or 2.   |              |                              |
| 2. Do you have                 | e dependents?                        | No   |  |   |              |                              |
| Do not list De<br>Debtor 2.    | ebtor 1 and                          | Yes. Fill out this information for each dependent                          | Dependent's relationship to Debtor 1 or Debtor 2                             | Dependent's age                                   | Does de      | ependent live<br>u?          |
|                                |                                      |  | Child  | 17 years  | No.          |                              |
|                                |                                      |  |  |   | ✓ Yes.       |                              |
|                                |                                      |  | Child  | 14 years  | No. ✓ Yes.   |                              |
|                                |                                      |  | Child  | 9 years   | No.          |                              |
|                                |                                      |  | Grillia  | <u>9 years</u>                                    | ✓ Yes.       |                              |
|                                |                                      |  | Child  | 7 years   | No.          |                              |
|                                |                                      |  |  |   | ✓ Yes.       |                              |
| 3. Do your exp                 | enses include<br>f people other      | <b>✓</b> No  |  |   |              |                              |
| than<br>yourself and           | Lyour                                | Yes  |  |   |              |                              |
| dependents                     | -                                    |  |  |   |              |                              |
| Part 2: Estir                  | nate Your Ond                        | going Monthly Expenses   |  |   |              |                              |
|                                |                                      |  | s you are using this form as a supp  | element in a Chanter 13                           | case to reno | rt                           |
|                                | of a date after the                  |  | upplemental Schedule J, check the  |   |              |                              |
| •                              | •                                    | non-cash government assistand<br>uded it on <i>Schedule I: Your Inco</i> l | •  |   |              | Your expenses                |
|                                | or home ownersing the ground or lot. |  | Include first mortgage payments and  |   | 4.           | \$755.00                     |
| If not inclu                   | uded in line 4:                      |  |  |   |              |                              |
| 4a. Real es                    | state taxes                          |  |  |   | 4a           | \$0.00                       |
| 4b. Propert                    | y, homeowner's, c                    | or renter's insurance  |  |   | 4b.          | \$0.00                       |
| 4c. Home r                     | naintenance, repai                   | r, and upkeep expenses   |  |   | 4c.          | \$0.00                       |
| 4d. Homeo                      | wner's association                   | n or condominium dues  |  |   | 4d.          | \$0.00                       |

Filed 04/27/16 Entered 04/27/16/16/55:24 Desc Main Document Page 37 of 70 Karen Case 16-14378 Doc 1 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$350.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$100.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$890.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$90.00 9. 10. Personal care products and services \$90.00 10. 11. Medical and dental expenses \$35.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

20a

20b

20c

20d

20e

20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20c. Property, homeowner's, or renter's insurance

20d. Maintenance, repair, and upkeep expenses 20d.

20e. Homeowner's association or condominium dues

20b. Real estate taxes 20b.

| Debtor 1          | Karen Case 16-14378  | B Doc 1           | Filed 04/27/416               | Entered 04/27/116      | 6/466655: <u>24 Desc M</u> | ain        |  |  |  |
|-------------------|--|-------------------|-------------------------------|------------------------|----------------------------|------------|--|--|--|
| 21. <b>Other.</b> | Specify:   |                   | Documetht <sup>me</sup>       | Page 38 of 70          | 21                         | \$0.00     |  |  |  |
|                   |  |                   |                               |                        |                            |            |  |  |  |
| 22. Calcu         | late your monthly expenses.  |                   |                               |                        |                            | \$2,510.00 |  |  |  |
| 22a. A            | dd lines 4 through 21.   |                   |                               |                        |                            | \$0.00     |  |  |  |
| 22b. C            | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 |                   |                               |                        |                            |            |  |  |  |
| 22c. A            | dd line 22a and 22b. The result is   | your monthly e    | xpenses.                      |                        | 22.                        |            |  |  |  |
| 23. Calcul        | late your monthly net income.  |                   |                               |                        |                            |            |  |  |  |
| 23a. C            | Copy line 12 (your combined mont   | thly income) from | n Schedule I.                 |                        | 23a                        | \$2,507.31 |  |  |  |
| 23b. C            | copy your monthly expenses from  | line 22 above.    |                               |                        | 23b                        | \$2,510.00 |  |  |  |
|                   | ubtract your monthly expenses fro  |                   | income.                       |                        |                            | (\$2.69)   |  |  |  |
|                   | The result is your monthly net inco  | ome.              |                               |                        | 23c                        |            |  |  |  |
| 24. <b>Do yo</b>  | ou expect an increase or decre   | ase in your ex    | penses within the year af     | er you file this form? |                            |            |  |  |  |
| For e             | xample, do you expect to finish pa   | aying for your ca | ar loan within the year or do | you expect your        |                            |            |  |  |  |
| mortg             | gage payment to increase or deci   | rease because     | of a modification to the term | s of your mortgage?    |                            |            |  |  |  |
| □ N               | No   |                   |                               |                        |                            |            |  |  |  |
| <b>✓</b> Y        | es   |                   |                               |                        |                            |            |  |  |  |
| -                 | Explain here:  |                   |                               |                        |                            |            |  |  |  |
|                   | debtors mother helps v   | with childcare fo | or no charge                  |                        |                            |            |  |  |  |
|                   |  |                   |                               |                        |                            |            |  |  |  |
|                   |  |                   |                               |                        |                            |            |  |  |  |
|                   |  |                   |                               |                        |                            |            |  |  |  |
|                   |  |                   |                               |                        |                            |            |  |  |  |

page 3

|              |                           | Case 16-14378                                      | 8 Doc 1 Filed (             | 1/1/27/16 E           | Intorod 04/2                                  | 7/16 16:55:24                    | Dose Main   |
|--------------|---------------------------|--|-----------------------------|-----------------------|---|----------------------------------|---|
| Fill         | in this inform            | nation to identify your case                       |                             | 14171111              | UIEIEU (1417                                  | 7/10 10.55.24                    | Desc Main   |
| Deb          | otor 1                    | Karen  |                             | Luckett               |   |                                  |   |
| <b>5</b> .1  | . 1 0                     | First Name   | Middle Name                 | Last Nam              | е   |                                  |   |
|              | otor 2<br>ouse, if filing | First Name   | Middle Name                 | Last Nam              | e   |                                  |   |
| Uni          | ted States Ba             | ankruptcy Court for the:                           | Northern                    | District of Illino    | is  |                                  |   |
|              |                           | ,  |                             | (Stat                 | e)  |                                  |   |
|              | se number<br>nown)        |  |                             |                       |   |                                  |   |
| Of           | ficial F                  | Form 106De   | C                           |                       |   |                                  | Check if this is a amended filing                                       |
| De           | clarat                    | ion About a  | n Individual De             | ebtor's So            | chedules                                      |                                  | 12/1  |
| lf two       | o married p               | eople are filing togethe                           | r, both are equally respons | sible for supplyin    | g correct informat                            | ion.                             |   |
| prop<br>1519 |                           | d in connection with a                             |                             |                       |   |                                  | ing property, or obtaining money or s, or both. 18 U.S.C. §§ 152, 1341, |
|              | _                         | ny or agree to pay some                            | eone who is NOT an attorne  | ey to help you fill o | out bankruptcy for                            | rms?                             |   |
|              | ✓ No                      |  |                             |                       |   |                                  |   |
|              | Yes. N                    | lame of person                                     |                             |                       | ankruptcy Petition F<br>e (Official Form 119) | Preparer's Notice, Declard<br>). | ation, and  |
|              |                           |  |                             |                       |   |                                  |   |
|              |                           | alty of perjury, I declare<br>re true and correct. | e that I have read the summ | nary and schedule     | es filed with this de                         | eclaration and                   |   |
| ×            | /s/ Karen                 | Luckett  |                             | ×                     |   |                                  |   |
|              | Signature o               | f Debtor 1   |                             |                       | Signature of Debt                             | or 2                             |   |
|              | Date 4/27/2               | 2016   |                             |                       | Date  |                                  |   |
|              | MM/I                      | DD/YYYY  |                             |                       | MM/DD/Y                                       | YYY                              |   |

| Hill in         | this inform    | Case 16-14 ation to identify your        |                   | c 1 Filed        | 104/27/16                            | Entered 04/                    | 27/16 16:55     | 5:24 De        | sc Main  |
|-----------------|----------------|--|-------------------|------------------|--------------------------------------|--------------------------------|-----------------|----------------|--|
| Debt            |                |  | oaso.             |                  | Luckott                              | Ü                              |                 |                |  |
| Debti           | OI I           | Karen<br>First Name                      |                   | Middle Name      | Luckett<br>Last Nar                  | me                             |                 |                |  |
| Debte<br>(Spor  |                | First Name                               |                   | Middle Name      | Last Nar                             |                                |                 |                |  |
|                 |                |  | NI d              |                  |                                      |                                |                 |                |  |
| Unite           | d States Ba    | ankruptcy Court for th                   | ne: <u>Northe</u> | n                | District of Illin<br>(Sta            | ate)                           |                 |                |  |
| Case<br>(If knd | number<br>own) |  |                   |                  |                                      |                                |                 |                |  |
| Off             | icial F        | orm 107                                  |                   |                  |                                      |                                | _               |                | Check if this is a amended filing                            |
| Sta             | teme           | nt of Final                              | ncial Af          | fairs for        | <sup>.</sup> Individua               | ıls Filina f                   | or Bankı        | ruptcv         | 12/1   |
| Be as           | complete       | and accurate as po                       | ossible. If two   | married people   | e are filing togethe                 | r, both are equally            | responsible for | supplying co   | rrect information. If more own). Answer every question       |
|                 |                | •  |                   |                  |                                      |                                | name and case   | mamber (ii kii | own). Answer every question                                  |
| Part            | 1: Give        | Details About Y                          | our Marital       | Status and       | Where You Live                       | ed Before                      |                 |                |  |
| 1.              | What is        | your current marita                      | al status?        |                  |                                      |                                |                 |                |  |
|                 | Marı           | ried                                     |                   |                  |                                      |                                |                 |                |  |
|                 | ✓ Not i        | married                                  |                   |                  |                                      |                                |                 |                |  |
| 2.              | During th      | ne last 3 years, hav                     | e you lived an    | ywhere other th  | han where you live                   | now?                           |                 |                |  |
|                 | ☐ No           |  |                   |                  |                                      |                                |                 |                |  |
|                 | ✓ Yes.         | List all of the places                   | you lived in the  | last 3 years. Do | not include where yo                 | ou live now.                   |                 |                |  |
|                 | Dob            | or 1:                                    |                   | Dot              | es Debtor 1 lived                    | Debtor 2:                      |                 |                | Dates Debtor 2 lived   |
|                 | Debi           | .01 1.                                   |                   | ther             |                                      | Debioi 2.                      |                 |                | there  |
|                 |                |  |                   |                  |                                      |                                |                 |                | triere   |
|                 |                |  |                   |                  |                                      | Same as D                      | ebtor 1         |                | Same as Debtor 1   |
|                 | 8529           | S. Sangamon                              |                   |                  |                                      | Same as D                      | ebtor 1         |                | Same as Debtor 1   |
|                 |                | S. Sangamon<br>ber Street                |                   |                  | m <u>1/1/2011</u>                    | Same as D                      |                 |                | Same as Debtor 1   |
|                 |                |  |                   | Fror             | m <u>1/1/2011</u><br><u>3/1/2014</u> |                                |                 |                | Same as Debtor 1   |
|                 | Num            | ber Street                               |                   | To               |                                      | Number Street                  | t               | 7in Code       | Same as Debtor 1   |
|                 | Num            | ber Street                               |                   | To               |                                      |                                | t<br>State      | Zip Code       | Same as Debtor 1   |
|                 | Chica<br>City  | ago Illino<br>State                      |                   | To 20 Code       | 3/1/2014                             | Number Street                  | t<br>State      | Zip Code       | Same as Debtor 1  From To                                    |
|                 | Chica<br>City  | ber Street                               |                   | To 20 Code       |                                      | Number Street                  | t State ebtor 1 | Zip Code       | Same as Debtor 1  From To                                    |
|                 | Chica<br>City  | ago Illino State  S. Sangamon            |                   | To 20 Code       | 3/1/2014                             | Number Street  City  Same as D | t State ebtor 1 | Zip Code       | Same as Debtor 1  From To  Same as Debtor 1                  |
|                 | Chica<br>City  | ago Illino State  S. Sangamon ber Street | Zip (             | To 20 Code Fror  | 3/1/2014<br>m 3/1/2014               | Number Street  City  Same as D | t State ebtor 1 | Zip Code       | Same as Debtor 1  From To Same as Debtor 1  Same as Debtor 1 |

Debtor 1 Karen Case 16-14378 First Name Filed 04/27/116 Entered 04/27/116 /1.6:55:24 Desc Main Documente Page 41 of 70 Doc 1 Part 2: Explain the Sources of Your Income

| Did you have any income from employment Fill in the total amount of income you received activities. If you are filing a joint case and you have a No Yes. Fill in the details. | from all jobs and all businesses                            | , including part-time  |  |  |
|--|---|--|--|--|
|  | Debtor 1  |  | Debtor 2   |  |
|  | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
| From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business      | \$5769.24  | Wages, commissions, bonuses, tips Operating a business |  |
| For last calendar year: (January 1 to December 31,   | Wages, commissions, bonuses, tips Operating a business      | \$37531.00   | Wages, commissions, bonuses, tips Operating a business |  |
| For the calendar year before that: (January 1 to December 31,  | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business | \$35354.00   | Wages, commissions, bonuses, tips Operating a business |  |
| and you have income that you received together  List each source and the gross income from each  No  Yes. Fill in the details.   | •   |  | l line 4.  |  |
|  | Debtor 1  |  | Debtor 2   |  |
|  | Sources of income<br>Describe below.                        | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  |   |  |  | -  |
| For last calendar year: (January 1 to December 31,   |   |  |  |  |
| For the calendar year before that: (January 1 to December 31,  |   |  |  |  |
|  |   |  |  |  |

Debtor 1 Karen Case 16-14378 Doc 1 Filed 04/27/416 Entered 04/27/416 (1/46)55:24 Desc Main Document Page 42 of 70

| List (  | Certain Pa     | yments Yo      | ou Made Before                           | You Filed for Ban            | kruptcy                         |                              |                              |  |  |
|---|----------------|----------------|--|------------------------------|---------------------------------|------------------------------|------------------------------|--|--|
| re either [   | Debtor 1's o   | r Debtor 2's   | debts primarily con                      | sumer debts?                 |                                 |                              |                              |  |  |
|   |                |                | or 2 has primarily o<br>sehold purpose." | consumer debts. Cons         | umer debts are defined in 11    | U.S.C. § 101(8) as "incurred | d by an individual primarily |  |  |
| Du  | uring the 90 c | days before yo | ou filed for bankruptcy                  | , did you pay any credito    | r a total of \$6,425* or more?  |                              |                              |  |  |
| Г   | No. Go to      | line 7.        |  |                              |                                 |                              |                              |  |  |
| Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |                |                |  |                              |                                 |                              |                              |  |  |
| * (   | Subject to adj | ustment on 4/  | 01/19 and every 3 ye                     | ars after that for cases fil | ed on or after the date of adju | ustment.                     |                              |  |  |
| Yes. Do   | ebtor 1 or D   | ebtor 2 or be  | oth have primarily o                     | consumer debts.              |                                 |                              |                              |  |  |
| Dı  | uring the 90 c | days before yo | ou filed for bankruptcy                  | , did you pay any credito    | r a total of \$600 or more?     |                              |                              |  |  |
| Į,  | No. Go to      | line 7.        |  |                              |                                 |                              |                              |  |  |
| Ë   | -              |                | reditor to whom you n                    | aid a total of \$600 or mo   | re and the total amount you p   | aid                          |                              |  |  |
| _   | that           | creditor. Do r | not include payments                     | for domestic support ob      | ligations, such as child suppo  |                              |                              |  |  |
|   | alim           | ony. Also, do  | not include payments                     | to an attorney for this ba   | inkruptcy case.                 |                              |                              |  |  |
|   |                |                |  | Dates of payment             | Total amount paid               | Amount you still owe         | Was this payment for         |  |  |
| Credit  | or's Name      |                |  |                              |                                 |                              | Mortgage  Car                |  |  |
| Numb  | er Street      |                |  |                              |                                 |                              | Credit card                  |  |  |
|   |                |                |  |                              |                                 |                              | Loan repayment               |  |  |
|   |                |                |  |                              |                                 |                              | Suppliers or                 |  |  |
| City  |                | State          | Zip Code                                 |                              |                                 |                              | vendors Other                |  |  |
|   |                |                |  |                              | - <u> </u>                      |                              | Mortgage                     |  |  |
| Credit  | or's Name      |                |  |                              |                                 |                              | Car                          |  |  |
| Numb  | er Street      |                |  |                              |                                 |                              | Credit card                  |  |  |
|   |                |                | _  |                              |                                 |                              | Loan repayment               |  |  |
| <u> </u>  |                |                | <del></del>                              |                              |                                 |                              | Suppliers or                 |  |  |
| City  |                | State          | Zip Code                                 |                              |                                 |                              | vendors Other                |  |  |
|   |                |                |  |                              |                                 |                              | Mortgage                     |  |  |
| Credit  | or's Name      |                |  |                              |                                 |                              | Car                          |  |  |
| Numb  | er Street      |                |  |                              |                                 |                              | Credit card                  |  |  |
|   |                |                |  |                              |                                 |                              | Loan repayment               |  |  |
| 0::   |                |                | <del></del>                              |                              |                                 |                              | Suppliers or                 |  |  |
| City  |                | State          | Zip Code                                 |                              |                                 |                              | vendors Other                |  |  |
|   |                |                |  |                              |                                 |                              |                              |  |  |

Doc 1 Debtor 1 Document Page 43 of 70 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contractions.

| ✓ No  Yes. Fill in the                        | details.              |          |  |   |            |          |                        |
|---|-----------------------|----------|--|---|------------|----------|------------------------|
|   |                       | Natur    | e of the case  | Court or a  | gency      |          | Status of the case     |
| Case title                                    |                       |          |  |   |            |          | Pending                |
| Case numbe                                    | r                     |          |  | Court Nam   | е          |          | On appeal              |
| ——————————————————————————————————————        |                       |          |  | Number St   | reet       |          | - Concluded            |
|   |                       |          |  | City  | State      | Zip Code | _                      |
| Case title                                    |                       |          |  |   |            |          | Pending                |
| Case numbe                                    | r                     |          |  | Court Nam   | е          |          | On appeal              |
|   |                       |          |  | Number St   | reet       |          | Concluded              |
|   |                       |          |  | City  | State      | Zip Code | <del>_</del>           |
| Yes. Fill in the                              | e information below.  |          | Describe the pr  | operty  |            | Date     | Value of the property  |
| Yes. Fill in the                              |                       |          | Describe the pr  |   |            | Date     |                        |
| Creditor's Na                                 |                       |          | Explain what ha  | appened   |            | Date     |                        |
| Creditor's Na                                 | ame                   |          | Explain what ha  | appened s repossessed.  |            | Date     |                        |
| Creditor's Na                                 | ame                   |          | Explain what ha  | s repossessed. s foreclosed. s garnished.   |            | Date     |                        |
| Creditor's Na                                 | ame                   | Zip Code | Explain what ha  | s repossessed. s foreclosed. s garnished. s attached, seized,   | or levied. |          | property               |
| Creditor's Na<br>Number St                    | ame<br>treet          | Zip Code | Explain what ha  | s repossessed. s foreclosed. s garnished. s attached, seized,   | or levied. | Date     |                        |
| Creditor's Na<br>Number St                    | ame<br>treet<br>State | Zip Code | Explain what ha  | s repossessed. s foreclosed. s garnished. s attached, seized,   | or levied. |          | property  Value of the |
| Creditor's Na Number St                       | ame<br>treet<br>State | Zip Code | Explain what ha  | s repossessed. s foreclosed. s garnished. s attached, seized, operty  | or levied. |          | property  Value of the |
| Creditor's Na  Number St  City  Creditor's Na | ame<br>treet<br>State | Zip Code | Explain what ha  | s repossessed. s foreclosed. s garnished. s attached, seized, operty  | or levied. |          | property  Value of the |
| Creditor's Na  Number St  City  Creditor's Na | ame treet State       | Zip Code | Explain what hat  Property wa Property wa Property wa Property wa Describe the prescribe the prescri | repossessed. s repossessed. s foreclosed. s garnished. s attached, seized, operty  reposeessed.                   | or levied. |          | property  Value of the |
| Creditor's Na  Number St  City  Creditor's Na | ame treet State       | Zip Code | Explain what ha  | appened s repossessed. s foreclosed. s garnished. s attached, seized, operty appened s repossessed. s foreclosed. | or levied. |          | property  Value of the |

| Deb  | tor 1    |  | <u>d 04/27/16 Entered</u> 04/27/116 /146:55:<br>cume:htm Page 45 of 70 | 24 Desc                  | Main                    |
|------|----------|--|--|--------------------------|-------------------------|
| 11.  |          |  | creditor, including a bank or financial institution, set of            | ff any amounts fr        | om your                 |
|      | H        | Yes. Fill in the details.  |  |                          |                         |
|      |          |  | Describe the action the creditor took                                  | Date action was taken    | Amount                  |
|      |          | Creditor's Name  |  |                          |                         |
|      |          | Number Street  |  | 1                        |                         |
|      |          | Number Street  | Last 4 digits of account number: XXXX-                                 |                          |                         |
|      |          |  |  |                          |                         |
|      |          | City State Zip Code  |  |                          |                         |
| 12.  |          | in 1 year before you filed for bankruptcy, was any o iver, a custodian, or another official? | f your property in the possession of an assignee for th                | e benefit of credi       | tors, a court-appointed |
|      | <b>✓</b> | No<br>Yes  |  |                          |                         |
| Part | 5        | List Certain Gifts and Contributions   |  |                          |                         |
| 13.  |          |  | give any gifts with a total value of more than \$600 per               | nerson?                  |                         |
| 13.  | <b>✓</b> | No   | give any girts with a total value of more than \$000 per               | person:                  |                         |
|      | Ħ        | Yes. Fill in the details for each gift.  |  |                          |                         |
|      |          | Gifts with a total value of more than \$600 per person                                       | Describe the gifts   | Dates you gave the gifts | Value                   |
|      |          | Person to Whom You Gave the Gift   |  |                          |                         |
|      |          |  |  |                          |                         |
|      |          | Number Street  |  |                          |                         |
|      |          | City State Zip Code  |  |                          |                         |
|      |          | Person's relationship to you   |  |                          |                         |
|      |          | Person to Whom You Gave the Gift   |  |                          |                         |
|      |          | Number Street  |  |                          |                         |
|      |          | City State Zip Code  |  |                          |                         |
|      |          | Person's relationship to you   |  |                          |                         |
|      |          |  |  |                          |                         |

|      |          | First Name                                      | Middle Name               | ocumente Page 46 of 70  |                                   |                        |
|------|----------|---|---------------------------|---|-----------------------------------|------------------------|
| 14.  | With     | nin 2 years before you filed                    |                           | give any gifts or contributions with a total value of mor   | e than \$600 to an                | y charity?             |
|      | <b>✓</b> | No<br>Yes. Fill in the details for each         | ch gift or contribution.  |   |                                   |                        |
|      |          | Gifts with a total value of per person          | more than \$600           | Describe the gifts  | Dates you gave the gifts          | Value                  |
|      |          | Charity's Name                                  |                           | _   |                                   |                        |
|      |          |   |                           | -<br>-  |                                   |                        |
|      |          | Number Street                                   | 7:- 0-1-                  | _   |                                   |                        |
| Part | · 6· I   | City State  List Certain Losses                 | Zip Code                  |   |                                   |                        |
| 15.  | With     | in 1 year before you filed f                    | for bankruptcy or since y | ou filed for bankruptcy, did you lose anything because  | of theft, fire, othe              | r disaster, or         |
|      | _        | <b>bling?</b><br>No                             |                           |   |                                   |                        |
|      |          | Yes. Fill in the details.                       |                           |   |                                   |                        |
|      |          | Describe the property you how the loss occurred | u lost and                | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending                            | Date of your loss                 | Value of property lost |
|      |          |   |                           | insurance claims on line 33 of Schedule A/B: Property.  |                                   |                        |
|      |          |   |                           |   | l                                 |                        |
| Part | 7: I     | List Certain Payments                           | s or Transfers            |   |                                   |                        |
| 16.  | seek     | ing bankruptcy or preparir                      | ng a bankruptcy petition  | r anyone else acting on your behalf pay or transfer any p?<br>?<br>it counseling agencies for services required in your bankrupto |                                   | ne you consulted about |
|      |          | No<br>Yes. Fill in the details.                 |                           |   | •                                 |                        |
|      |          |   |                           | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment      |
|      |          | Nohr, Alex                                      |                           | Attorney's Fee - 0.00   | 4/27/2016                         | \$0.00                 |
|      |          | Person Who Was Paid                             |                           | _   |                                   |                        |
|      |          | Number Street                                   |                           | -   |                                   |                        |
|      |          | City State                                      | Zip Code                  | -   |                                   |                        |
|      |          | Email or website address<br>None                |                           | -   |                                   |                        |
|      |          | Person Who Made the Paym                        | nent, if Not You          | -   | 1                                 |                        |
|      |          | Person Who Was Paid                             |                           | -   |                                   |                        |
|      |          | Number Street                                   |                           | -   |                                   |                        |
|      |          | City State                                      | Zip Code                  | -   |                                   |                        |
|      |          | Email or website address                        |                           | -   |                                   |                        |
|      |          | Person Who Made the Paym                        | ment, if Not You          | -   |                                   |                        |
|      |          |   |                           |   |                                   |                        |

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|                 |  | Description and value of any property             | erty transferred     | Date payment or transfer | Amour     | nt of paymen  |
|-----------------|--|---|----------------------|--------------------------|-----------|---------------|
|                 |  |   |                      | was made                 |           |               |
| Ē               | Person Who Was Paid  | -   |                      |                          |           |               |
| 1               | Number Street  | -   |                      |                          |           |               |
| <del>-</del>    | City State Zip Code  | -<br>-  |                      |                          |           |               |
| nclude<br>ansfe | ary course of your business or financial affairs? e both outright transfers and transfers made as securers that you have already listed on this statement.  Io fes. Fill in the details. | ity (such as the granting of a security inte      | erest or mortgage on | your property). Do       | not inclu | ude gifts and |
|                 | co. The first declarate.   | Description and value of any property transferred |                      | property or payme        |           | Date transf   |
| Ē               | Person Who Received Transfer   | -   |                      |                          |           |               |
| 1               | Number Street  | -   |                      |                          |           |               |
|                 | City State Zip Code<br>Person's relationship to you  | -   |                      |                          |           |               |
| Ē               | Person Who Received Transfer   | -   |                      |                          |           |               |
| 1               | Number Street  | -   |                      |                          |           |               |
|                 | City State Zip Code Person's relationship to you   | -   |                      |                          |           |               |
| These           |  | u transfer any property to a self-settle          | d trust or similar d | evice of which you       | u are a b | eneficiary?   |
| ΙY              | es. Fill in the details.   | Description and value of the prop                 |                      |                          |           | Date trans    |

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Debtor 1 Karen Case 16-14378 First Name Filed 04/27/16 Entered 04/27/16/16/55:24 Desc Main Document Page 48 of 70 Doc 1 Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | or tra   | in 1 year before you filed for bankruptcy, were ansferred?<br>de checking, savings, money market, or other financeratives, associations, and other financial institution | cial accounts; certificates of deposit; sl |                                   |  |
|-----|----------|--|--|-----------------------------------|--|
|     | <b>✓</b> | No   |  |                                   |  |
|     | Ш        | Yes. Fill in the details.  | Last 4 digits of account number            | Type of account or instrument     | Date account was closed, sold, moved, or transferred |
|     |          | Person Who Was Paid  | — XXXX-                                    | Checking Savings                  |  |
|     |          | Number Street  | <del>_</del>                               | <ul><li></li></ul>                |  |
|     |          | City State Zip Code  |  |                                   |  |
|     |          | Person Who Was Paid  | XXXX-                                      | Checking Savings                  |  |
|     |          | Number Street  |  | Money market Brokerage Other      |  |
|     |          | City State Zip Code  | <u> </u>                                   | Other                             |  |
| :1. | valu     | ou now have, or did you have within 1 year beforables?  No  Yes. Fill in the details.  | ore you filed for bankruptcy, any sa       | afe deposit box or other deposite |  |
|     |          |  | Who else had access to it?                 | Describe the conten               | ts Do you still have it?                             |
|     |          | Name of Financial Institution  | Name                                       |                                   | ☐ No ☐ Yes   |
|     |          | Number Street  | Number Street                              |                                   |  |
|     |          | City State Zip Code  | City State Zip                             | Code                              |  |
| 22. | Have     | you stored property in a storage unit or place   | other than your home within 1 yea          | r before you filed for bankruptc  | /?   |
|     |          | No<br>Yes. Fill in the details.  |  |                                   |  |
|     |          |  | Who else had access to it?                 | Describe the conten               | ts Do you still have it?                             |
|     |          | Name of Storage Facility   | Name                                       |                                   | ☐ No ☐ Yes   |
|     |          | Number Street  | Number Street                              |                                   | Lies   |
|     |          | City State Zip Code  | City State Zip                             | Code                              |  |

| Debtor 1 | First Name Middle Name  | Docum                                  | ≝nt <sup>me</sup> Pa(                 | <u>ntered</u>                         | หัว <b>ท่า6</b> ⁄าน6่ง55: <u>24 Desc Ma</u>  | in               |
|----------|---|--|---------------------------------------|---------------------------------------|--|------------------|
| Part 9:  | Identify Property You Hold or Contro  | ol for Some                            | one Else                              |                                       |  |                  |
| 23. Do   | you hold or control any property that someon  No  Yes. Fill in the details.   | e else owns? I                         | nclude any pro                        | perty you borro                       | owed from, are storing for, or hold in tr  | ust for someone. |
| Ц        | res. I il ili tile details.   | Where is th                            | ne property?                          |                                       | Describe the contents  | Value            |
|          | Owner's Name  | Number Str                             | eet                                   |                                       | -  |                  |
|          | Number Street   |  |                                       |                                       | -  |                  |
|          |   | City                                   | State                                 | Zip Code                              | -  |                  |
|          | City State Zip Code   | _                                      |                                       |                                       |  |                  |
| Part 10: | Give Details About Environmental I  | nformation                             |                                       |                                       |  |                  |
| For the  | purpose of Part 10, the following definitions apply:  |  |                                       |                                       |  |                  |
| h<br>ii  | Environmental law means any federal, state, or local<br>nazardous or toxic substances, wastes, or material<br>ncluding statutes or regulations controlling the clear<br>Site means any location, facility, or property as defin | into the air, land<br>anup of these su | , soil, surface wa<br>bstances, waste | ater, groundwater<br>es, or material. | , or other medium,   |                  |
|          | or used to own, operate, or utilize it, including dispo   | •                                      | ,                                     | , , , , , ,                           | 7 1 7  |                  |
|          | Hazardous material means anything an environmer oxic substance, hazardous material, pollutant, cont   |  |                                       | aste, hazardous s                     | substance,   |                  |
| Report a | all notices, releases, and proceedings that you know  | w about, regardle                      | ess of when they                      | occurred.                             |  |                  |
| 24. Ha   | s any governmental unit notified you that you   | may be liable o                        | or potentially lia                    | able under or in                      | violation of an environmental law?   |                  |
| V        | No  | •                                      |                                       |                                       |  |                  |
| Ш        | Yes. Fill in the details.   | Governme                               | ntal unit                             |                                       | Environmental law, if you know it  | Date of notice   |
|          |   |  |                                       |                                       | _  |                  |
|          | Name of site  | Government                             |                                       |                                       | _  |                  |
|          | Number Street   | Number Str                             | eet                                   |                                       |  |                  |
|          |   | City                                   | State                                 | Zip Code                              | -  |                  |
|          | City State Zip Code   | _                                      |                                       |                                       |  |                  |
| 25. Hav  | ve you notified any governmental unit of any r  | elease of haza                         | rdous material                        | ?                                     |  |                  |
| <b>✓</b> | No  |  |                                       |                                       |  |                  |
|          | Yes. Fill in the details.   | Governmen                              | ntal unit                             |                                       | Environmental law, if you know it  | Date of notice   |
|          |   |  |                                       |                                       | _  |                  |
|          | Name of site  | Government                             |                                       |                                       | _  |                  |
|          | Number Street   | Number Str                             | eet                                   |                                       |  |                  |
|          |   | City                                   |                                       |                                       | The second secon |                  |
|          |   | City                                   | State                                 | Zip Code                              | -  |                  |

| Debt | or 1     | Karen Case 16-14378 First Name                             |                       |                             | <u>Entered</u> 04/27<br>Page 50 of 70 | /11.6 /11.6.55: <u>24</u> | Desc Main   |
|------|----------|--|-----------------------|-----------------------------|---------------------------------------|---------------------------|---|
| 26.  | Hav      | e you been a party in any judio                            | cial or administrativ | e proceeding under          | any environmental law                 | ? Include settlements     | and orders.   |
|      |          | No<br>Yes. Fill in the details.                            |                       |                             |                                       |                           |   |
|      |          |  |                       | Court or agency             |                                       | Nature of the case        | Status of the case  |
|      |          | Case title   |                       |                             |                                       |                           | Pending   |
|      |          |  |                       | Court Name                  |                                       |                           | On appeal   |
|      |          | Case number  |                       | Number Street               |                                       |                           | Concluded   |
|      |          |  |                       | City State                  | e Zip Code                            |                           |   |
| Part | 11:      | Give Details About Your                                    | Business or C         | onnections to Ar            | ny Business                           |                           |   |
| 27.  | With     | nin 4 years before you filed for                           | bankruptcy, did yo    | u own a business or         | have any of the follow                | ing connections to an     | y business?   |
|      |          | A sole proprietor or self-em                               |                       |                             | •                                     | -time                     |   |
|      |          | A member of a limited liabil  A partner in a partnership   | ity company (LLC) o   | r ilmited liability partner | 'snip (LLP)                           |                           |   |
|      |          | An officer, director, or mana An owner of at least 5% of t |                       |                             | on.                                   |                           |   |
|      | <b>☑</b> | No. None of the above applies. G                           |                       | codifies of a corporation   | 511                                   |                           |   |
|      |          | Yes. Check all that apply above a                          |                       | elow for each business      | S.                                    |                           |   |
|      |          |  |                       | Describe the na             | ture of the business                  |                           | entification number Do not all Security number or ITIN.   |
|      |          | Business Name  |                       |                             |                                       | EIN:                      |   |
|      |          | Number Street  |                       | — Name of accour            | ntant or bookkeeper                   | Dates busine              | ess existed   |
|      |          | City State   | Zip Code              |                             | •                                     | From                      | To  |
|      |          |  |                       |                             |                                       |                           |   |
|      |          |  |                       | Describe the na             | ture of the business                  |                           | entification number Do not<br>al Security number or ITIN. |
|      |          | Business Name  |                       | _                           |                                       | EIN:                      |   |
|      |          | Number Street  |                       | Name of accour              | ntant or bookkeeper                   | Dates busine              | ess existed   |
|      |          | City State   | Zip Code              |                             |                                       | From                      | То  |
|      |          |  |                       |                             |                                       |                           |   |
|      |          |  |                       | Describe the na             | ture of the business                  |                           | entification number Do not<br>al Security number or ITIN. |
|      |          | Business Name  |                       |                             |                                       | EIN:                      |   |
|      |          | Number Street  |                       | _                           |                                       | Dates busine              | ess existed   |
|      |          |  |                       | Name of accour              | ntant or bookkeeper                   | F                         | т.  |
|      |          | City State   | Zip Code              |                             |                                       | From                      | То  |
|      |          |  |                       |                             |                                       |                           |   |

| Debto    |   | <u>ed 04/227/16 Entered </u> 04/27/11ର /ଲିଡ୍ଡୋ55: <u>24 Desc Main</u><br>ocum <del>e</del> rnt Page 51 of 70 |  |  |  |  |  |  |
|----------|---|--|--|--|--|--|--|--|
|          |   | give a financial statement to anyone about your business? Include all financial institutions,                |  |  |  |  |  |  |
| [<br>[   | No Yes. Fill in the details below.  |  |  |  |  |  |  |  |
| _        | _   | Date issued  |  |  |  |  |  |  |
|          | Name  | MM/DD/YYYY   |  |  |  |  |  |  |
|          | Number Street   | _  |  |  |  |  |  |  |
|          | City State Zip Code   | _  |  |  |  |  |  |  |
| Part 1   | 2: Sign Below   |  |  |  |  |  |  |  |
| ar       | I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   **Algorithms |  |  |  |  |  |  |  |
|          | Signature of Debtor 1   | Signature of Debtor 2  |  |  |  |  |  |  |
|          | Date 4/27/2016  | Date   |  |  |  |  |  |  |
| Di       | d you attach additional pages to Your Statement of Fir<br>No<br>Yes   | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                                   |  |  |  |  |  |  |
| Di       | d you pay or agree to pay someone who is not an attor   | rney to help you fill out bankruptcy forms?  |  |  |  |  |  |  |
| <u>-</u> | No  |  |  |  |  |  |  |  |
|          | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).           |  |  |  |  |  |  |

|  | Casa 16 1427  | 8 Doc 1 Filed (   | 04/27/16 E                                  | Entared 04/27/1          | 6 16·EE·24         | Desc Main                          |
|--|---|---|---|--------------------------|--------------------|------------------------------------|
| Fill in this informa   | ation to identify your cas  |   | 14171111) F                                 |                          | 0 10.55.24         | Desc Main                          |
| Debtor 1   | Karen   |   | Luckett                                     |                          |                    |                                    |
| Debtor 2   | First Name  | Middle Name   | Last Nam                                    | e                        |                    |                                    |
| (Spouse, if filing)  | First Name  | Middle Name   | Last Nam                                    | e                        |                    |                                    |
| United States Ba   | nkruptcy Court for the:   | Northern  | District of Illinoi<br>(State               |                          |                    |                                    |
| Official F   | orm 108   |   |   |                          |                    | Check if this is an amended filing |
| Stateme  | nt of Intenti   | on for Individu   | uals Filing                                 | g Under Cha              | pter 7             | 12/15                              |
| ■ creditors hav<br>■ you have leas<br>You must file thi<br>whichever is ear<br>If two married pe | e claims secured by you<br>sed personal property a<br>s form with the court w<br>lier, unless the court e | and the lease has not expirwithin 30 days after you file xtends the time for cause. Yer in a joint case, both are e | ed.<br>your bankruptcy<br>You must also ser | nd copies to the credito | ors and lessors yo | ,                                  |
| Dotti debtors iii  | ust sign and date the   | ioiii.  |   |                          |                    |                                    |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: Santander Consumer USA Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Dodge, Grand Caravan | Value: \$13,625.00 Retain the property and [explain]: Surrender the property. ✓ No. Creditor's name: ACCEPTANCE NOW Yes. Retain the property and redeem it. Description of Retain the property and enter into a property securing debt: \$1,600.00 Reaffirmation Agreement. Funiture - bed, bunkbed, full living room set | Value: Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

| Debtor Karen Case 16-14378 Do  | c 1 Filed 04/27/16               | Entered 04/27/16 16                   | :55:24 Desc Main                        |
|--|----------------------------------|---------------------------------------|---|
| 1 First Name Midd  | le Name Last Nam                 | Page 53 of 70 hams (                  |   |
| Part 2: List Your Unexpired Personal F   |                                  |                                       |   |
| For any unexpired personal property lease that information below. Do not list real estate lease unexpired personal property lease if the truster of the truster of the property lease if the truster of the property lease in the property lease that the property lease in the property lease that the property lease in the property | s. Unexpired leases are leases t | hat are still in effect; the lease pe |   |
| Describe your unexpired personal property  | / leases                         |                                       | Will the lease be assumed?              |
| Lessor's name:   |                                  |                                       | ☐ No<br>☐ Yes                           |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | ☐ No<br>☐ Yes                           |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | □ No<br>□ Yes                           |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | □ No □ Yes                              |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | No Yes                                  |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | □ No<br>□ Yes                           |
| Description of leased property:  |                                  |                                       |   |
| Lessor's name:   |                                  |                                       | □ No<br>□ Yes                           |
| Description of leased property:  |                                  |                                       |   |
| Part 3: Sign Below   |                                  |                                       |   |
| Under penalty of perjury, I declare that I have that is subject to an unexpired lease.   | re indicated my intention about  | any property of my estate that se     | ecures a debt and any personal property |
| ✗ /s/ Karen Luckett  |                                  | ×                                     |   |

Official Form 108

Signature of Debtor 1

MM/DD/YYYY

Date 4/27/2016

Signature of Debtor 1

MM/DD/YYYY

Date

B 203 (12/94)

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## **UNITED STATES BANKRUPTCY COURT**

### **Northern District of Illinois**

| In re | Karen Luckett   |   | Case No.                           |                               |  |  |
|-------|---|---|------------------------------------|-------------------------------|--|--|
| -     | Debtor  |   |                                    | (If known)                    |  |  |
|       |   |   | Chapter                            | Chapter 7                     |  |  |
|       | DISCLOSURE  | OF COMPENSATION   | OF ATTORNEY FO                     | R DEBTOR                      |  |  |
| 1.    | compensation paid to me within                        | and Fed. Bankr. P. 2016(b), I certing one year before the filing of the period behalf of the debtor(s) in contempla | etition in bankruptcy, or agreed t | o be paid to me, for services |  |  |
|       | For legal services, I have agre                       | ed to accept  |                                    | \$1,465.00                    |  |  |
|       | Prior to the filing of this statement I have received |   |                                    |                               |  |  |
|       | Balance Due   |   |                                    | \$1,465.00                    |  |  |
| 2.    | The source of the compensation                        | n paid to me was:   |                                    |                               |  |  |
|       | <b>✓</b> Debtor                                       | Other (specify)   |                                    |                               |  |  |
| 3.    | The source of the compensation                        | n paid to me is:  |                                    |                               |  |  |
|       | <b>✓</b> Debtor                                       | Other (specify)   |                                    |                               |  |  |
| 4.    | I have not agreed to share members and associates     | the above-disclosed compensation of my law firm.  | n with any other person unless th  | ey are                        |  |  |
|       |   | above-disclosed compensation with my law firm. A copy of the agreem compensation, is attached.                      |                                    |                               |  |  |
| 5.    |   | ed fee, I have agreed to render leg   |                                    |                               |  |  |

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptov.
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

|   | CERTIFICATION                                 |                                     |  |  |  |  |
|---|---|-------------------------------------|--|--|--|--|
| I certify that the foregoing is a complete stathe debtor(s) in this bankruptcy proceedings. | atement of any agreement or arrangement for p | payment to me for representation of |  |  |  |  |
| 4/27/2016   | /s/ Alex Nohr                                 |                                     |  |  |  |  |

Signature of Attorney

Semrad Law Firm

Name of law firm

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Date

### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1465.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

karen Luckett Matter Number 474235-001

Initial: 4 \_\_\_\_

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 04/27/2016

Client

karen Luckett Matter Number 474235-001

Initial:

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

## Case 16-14378 Doc 1 Filed 04/27/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

| + | \$75  | administrative fee |
|---|-------|--------------------|
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-14378 Doc 1 Filed 04/27/16 Entered 04/27/16 16:55:24 Desc Main UNITED STATES BANKBURTCY COURT Northern District of Illinois

| In re: Luckett, Karen |   | Case No   |                |  |  |  |  |
|-----------------------|---|---|----------------|--|--|--|--|
| _                     | Debtor(s)                                     |   |                |  |  |  |  |
|                       |   | Chapter. Chapter7   |                |  |  |  |  |
|                       | VERIFICATION OF CREDITOR MATRIX               |   |                |  |  |  |  |
|                       | The above named Debtors hereby verify that th | e attached list of creditors is true and correct to the best of the | eir knowledge. |  |  |  |  |
|                       |   |   |                |  |  |  |  |
| Date:                 | 4/27/2016                                     | /s/ Luckett, Karen  |                |  |  |  |  |
|                       |   | Luckett Karen   |                |  |  |  |  |

Signature of Debtor

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Santander Consumer USA PO Box 961245 Fort Worth , TX 76161 USA

ACCEPTANCE NOW 5501 Headquarters Dr ATTN: Acceptance Now Customer Service Plano , TX 75024 USA

GENERAL REV 4660 DUKE DRIVE SUITE 300 MASON , OH 45040 USA

KOHLS/CAPONE PO Box 3004 Milwaukee , WI 53201 USA

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO , IL 60601 USA

FORTIVA/ATLANTICUS PO BOX 105555 ATLANTA, GA 30348 USA

CREDIT MANAGEMENT LP 4200 INTERNATIONAL PKWY CARROLLTON, TX 75007 USA

Keynote Consulting 220 W. Campus Drive # 102 Arlington Heights , IL 60004 USA

U S DEPT OF ED/GSL/ATL PO BOX 2287 ATLANTA , GA 30301 USA

U S DEPT OF ED/GSL/ATL PO BOX 2287 ATLANTA, GA 30301

Comcast 11621 E. Marginal Way # 5 Bankruptcy Dept Seattle , WA 98168 USA

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace , IL 60181 USA Case 16-14378 Doc 1 Filed 04/27/16 Entered 04/27/16 16:55:24 Desc Main Document Page 64 of 70

AT&T Mobility II LLC One AT&T Way Room 3A104 Bedminster , NJ 07921 USA

Victoria Secrets PO Box 659728 San Antonio , TX 78265 USA

PLS Loan Store 9920 W. Western Chicago , IL 60655 USA

Chicago Public Library 400 S. State St. Chicago , IL 60605 USA

Illinois Lending 408 N. Wells Chicago , IL 60610 USA

| Debtor 1 Karen Case 16-  | 14378 Doc 1 Filed 04/27   | 7/16 Entered 04/27/16 16   | ;55:24 Desc Main   |  |  |
|--|---|--|--|--|--|
| First Name Part 6: Answer These Qu   | Middle Name DOCUMI⊕F<br>uestions for Reporting Purposes   | Name Page 65 of 70   |  |  |  |
| 16. What kind of debts<br>do you have?   | 16a. Are your debts primarily c<br>as "incurred by an individual<br>☐ No. Go to line 16b.<br>☐ Yes. Go to line 17.<br>16b. Are your debts primarily b | I primarily for a personal, family, o<br>usiness debts? Business debts a<br>or investment or through the ope                 | r household purpose."  are debts that you incurred to ration of the business or                                    |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | paid that funds will be available  No.  Yes.  |  | s excluded and administrative expenses are   |  |  |
| 18. How many creditors do you estimate that you owe?   | <ul><li>✓ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200-999</li></ul>  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |  |
| 19. How much do you estimate your assets to be worth?  |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                    | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion        |  |  |
| 20. How much do you estimate your liabilities to be?   | ✓ \$0-\$50,000  ☐ \$50,001-\$100,000  ☐ \$100,001-\$500,000  ☐ \$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                    | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion       |  |  |
| Part 7: Sign Below   |   |  |  |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  |   |  |  |  |  |
|  | I request relief in accordance with I understand making a false staten connection with a bankruptcy case or both. 18 U.S.C. §§ 152, 1341, 1           | the chapter of title 11, United Statement, concealing property, or obtain can result in fines up to \$250,000 519, and 3571. | res Code, specified in this petition.  ining money or property by fraud in  0, or imprisonment for up to 20 years, |  |  |
|  | Signature of Debtor 1  Executed on  | Signature Execute  | of Debtor 2  |  |  |
| 1979 Pilitario-Vice State State Chicago I State City Commission Commission Company (Commission Commission Comm | MM / DD / YY  |  | MM / DD / YYYYY  NANOORRASSASSASSASSASSASSASSASSASSASSASSASSAS   |  |  |

|               |   | Case 16-1437                | 8 Doc 1 Filed   | 04/27/16         | Entered 04                                     | <u>/2</u> 7/16 16:55:2           | 24 Desc Main    |                                    |
|---------------|---|-----------------------------|---|------------------|--|----------------------------------|-----------------|------------------------------------|
| Fill          | in this inform                                | nation to identify your cas | e:  |                  |  |                                  |                 |                                    |
| Del           | otor 1  | Karen                       |   | Lucke            | ett .  |                                  |                 |                                    |
|               |   | First Name                  | Middle Name   | Last I           | Name   |                                  |                 |                                    |
|               | otor 2<br>ouse, if filing                     | ) First Name                | Middle Name   | Last I           | Name   |                                  |                 |                                    |
| <br>  Uni     | ted States B                                  | ankruptcy Court for the:    | Northern  | District of I    | llinois  |                                  |                 |                                    |
|               |   |                             |   |                  | State)   |                                  |                 |                                    |
| t t           | se number<br>nown)                            |                             |   |                  |  |                                  |                 |                                    |
| <br><u>Of</u> | ficial F                                      | orm 106De                   | C   |                  |  |                                  |                 | Check if this is an amended filing |
| De            | clarat  | ion About a                 | n Individual D  | ebtor's          | Schedule                                       | s                                |                 | 12/15                              |
| If tw         | o married p                                   | eople are filing togethe    | r, both are equally respon                            | sible for supp   | lying correct inforr                           | mation.                          |                 |                                    |
| prop<br>1519  | erty by frau, and 3571.  11: Sign  Did you pa | d in connection with a      | ile bankruptcy schedules of bankruptcy case can resul | t in fines up to | \$250,000, or impri                            | sonment for up to 20             | 0               | • •                                |
|               | No No   |                             |   |                  |  |                                  |                 |                                    |
|               | Yes. N  | lame of person              |   |                  | h Bankruptcy Petitio<br>hture (Official Form 1 | n Preparer's Notice, De<br>119). | eclaration, and |                                    |
|               | •   | Luckett Debtor 1            | e that I have read the summ                           | nary and sched   | Signature of De                                |                                  |                 |                                    |
|               |   | DD/YYYY                     |   |                  | MM/DD  | YYYY                             |                 |                                    |

MM/DD/YYYY

| Debtor 1  | Karen Case 16-14378   |                | d 04/27/16  | Entered 04/27/116 116:55:24                                     | Desc Main                             |  |  |  |  |
|---|---|----------------|-------------|---|---------------------------------------|--|--|--|--|
|   | riist naiile  | widdle Name DC | Cument eme  | Page 67 of 70   |                                       |  |  |  |  |
|   | 3. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |                |             |   |                                       |  |  |  |  |
| V   | No  |                |             |   |                                       |  |  |  |  |
| Ш   | Yes. Fill in the details below.   |                | Data lanced |   |                                       |  |  |  |  |
|   |   |                | Date issued |   |                                       |  |  |  |  |
|   | Name  |                | MM/DD/YYYY  | <del></del>   |                                       |  |  |  |  |
|   | <del>Manda and da</del>   |                | _           |   |                                       |  |  |  |  |
|   | Number Street   |                |             |   |                                       |  |  |  |  |
|   | City State  | Zin Codo       | _           |   |                                       |  |  |  |  |
|   | City State  | Zip Code       |             |   |                                       |  |  |  |  |
| art 12:   | art 12: Sign Below  |                |             |   |                                       |  |  |  |  |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |                |             |   |                                       |  |  |  |  |
|   | * /s/ Karen Luckett Krush Luckull *   |                |             |   |                                       |  |  |  |  |
|   | Signature of Debtor   | 1              |             | Signature of Debtor 2   |                                       |  |  |  |  |
|   | Date 4/27/2016  |                |             | Date  |                                       |  |  |  |  |
| Did y   | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |                |             |   |                                       |  |  |  |  |
|   | No  |                |             |   |                                       |  |  |  |  |
|   | ⁄es   |                |             |   |                                       |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?   |   |                |             |   |                                       |  |  |  |  |
| [V]   | No  |                |             |   |                                       |  |  |  |  |
|   | res. Name of person   |                |             | Attach the Bankruptcy Petitior<br>Declaration, and Signature (O | · · · · · · · · · · · · · · · · · · · |  |  |  |  |



| Debtor Karen   | Debtor   | Case 16-1                 | .4378 Doc 1 Filed  | 1 04/27/16   | Entered 04  | /27/16 16:55:24  | Desc Main  |
|--|----------|---------------------------|--|--|---|--|--|
| For eary unexplied personal property lease that you listed in Scholute G: Executory Centracts and Unexplied Leases (Official Form 106G), fill in the information below. Do not list real estale leases. Unexperied leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 385(p)(2).  Description of leased property:  Lessor's name:  Signature of Debtor 1  Date 42272016   | 1        | First Name                |  | Last Nam   | ie kr   |  |  |
| information below. Do not life treal estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired person property in the frusties does not assume it. 11 U.S.C. § 365(p)(2).    Describe your unexpired personal property leases   | Part 2:  | List Your Unexpire        | ed Personal Property Lea   | ases   |   |  |  |
| Lessor's name:   No   Yes   Description of leased property:   Lessor's name:   No   No   Lessor's name:   No   Lessor's nam | informat | tion below. Do not list r | eal estate leases. Unexpired le  | ases are leases t  | that are still in effe  |  |  |
| Description of leased property:  Lessor's name:   No   No   No   No   No   No   No   N   | Des      | cribe your unexpired po   | ersonal property leases  |  |   | Will the lea   | ise be assumed?  |
| Lessor's name:   No   Yes    Description of leased property.  Signature of Debtor 1    Delec 4/27/2016   Date    Date   4/27/2016    Date   4/27 | Less     | sor's name:               |  |  | · w w   | Security and the second  |  |
| Lessor's name:   |          |                           |  |  |   |  |  |
| Lessor's name:   No   Yes    Description of leased property:   No   Yes    Description of leased   No   Yes    D | Less     | or's name:                |  |  | х∋  | Samuel<br>general  |  |
| Lessor's name:   |          | •                         |  |  |   |  |  |
| Lessor's name:   No   Yes    Description of leased property:   No   Yes    Lessor's name:   No   Yes    Description of leased property:   No   Yes    Description of leased property:   No   Yes    Lessor's name:   No   Yes    Description of leased property:   Sign Below    Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.   X   Signature of Debtor 1    Date   4/27/2016   Date    | Less     | or's name:                |  | e on an ann an ann ann ann an ann an an an   |   | Executed 2000 Person   |  |
| Lessor's name:   |          | •                         |  |  |   |  |  |
| Lessor's name:   No   Yes    Description of leased property:   No   Yes    Lessor's name:   No   Yes    Description of leased property:   Sign Below    Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.    X   | Less     | or's name:                |  | ante que un en   | \$  | Samena<br>Samena   |  |
| Lessor's name:   |          | •                         |  |  |   |  |  |
| Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.  * Is/ Karen Luckett  Signature of Debtor 1  Date 4/27/2016  Date   | Less     | or's name:                | 34 - 44 - 4  | . V 0-1  |   | Bassand<br>seconds   |  |
| Description of leased property:  Lessor's name:  Description of leased property:  Lessor's name:  Description of leased property:  Description of leased property:  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.  **  Is/ Karen Luckett  Signature of Debtor 1  Date 4/27/2016  Date  |          | •                         |  | 1 4 PVV  |   |  | **   |
| Lessor's name:  Description of leased property:  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.   ** Isl Karen Luckett**  Signature of Debtor 1  Date 4/27/2016  Date   | Less     | or's name:                | n pangangan pangga pangga kaomin kaomin kaon a manangan panggan panggan panggan panggan panggan panggan pangga   | and the control of the second control of the | erm is sometiment that me should be suffered to the suffered to the suffered to the suffered to the suffered to | Something of the same of the s |  |
| Description of leased property:  Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.  ** /s/ Karen Luckett Signature of Debtor 1  Date 4/27/2016  Date   |          |                           |  | e santanasana, sassannen en en est himme santa historia (historia) historia  | a en en a constant e antes e e en accompanyo <mark>en entre en entre en entre en entre en en</mark>             |  | urman a san a la far a a fallación de la maior della maior de la maior de la maior della m |
| Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.  ** Is/ Karen Luckett  | Less     | or's name:                |  | 001.000.1001.0101.0101.0101.0101.0101.   | nummamamamamamamamamamamamamamamamamamam  | bassel   |  |
| Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.     Signature of Debtor 1   Signature of Debtor 1  |          | erty:                     |  |  |   |  |  |
| that is subject to an unexpired lease.  ** Is/ Karen Luckett   | Part 3:  |                           | The state of the s |  |   |  |  |
| Signature of Debtor 1  Date 4/27/2016  Date  |          |                           |  | intention about  | any property of m   | y estate that secures a de   | ot and any personal property   |
| Date 4/27/2016 Date  |          |                           | faren Feich  | Sort   |   | ebtor 1  |  |
|  |          | ate <b>4/27/2016</b>      |  |  | Date  |  |  |

X

## Case 16-14378 Doc 1 Filed 04/27/16 Entered 04/27/16 16:55:24 Desc Main

## UNITED CSTAFES BARKERUBYCY COURT

Northern District of Illinois

| In re: | Luckett, Karen  Debtor(s)   | Case No  |  |  |  |  |  |
|--------|---|--|--|--|--|--|--|
|        | Debioi(s)   | Chapter. Chapter7  |  |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX   |  |  |  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. |  |  |  |  |  |  |
| Date:  | 4/27/2016   | /s/ Luckett, Karen COUM Succeed Luckett, Karen Signeture of Debter |  |  |  |  |  |



| Debtor 1         |   |  | Filed 04/234416   |   | 04427/116ri          | k6:55:2 <u>4</u> | Desc Ma                                   | in                              |
|------------------|---|--|---|---|----------------------|------------------|---|---------------------------------|
|                  | First Name  | Middle Name  | Documetht <sup>ame</sup>                                    | Page 70   | of 70                | _                | _   |                                 |
|                  |   |  |   |   | Column A<br>Debtor 1 | De               | olumn B<br>ebtor 2 or<br>on-filing spouse |                                 |
|                  | ployment compensation   |  |   |   | \$0.00               |                  | 3 - 1                                     |                                 |
|                  | t enter the amount if you of<br>I Security Act. Instead, lis                            |  | received was a benefit und                                  | ler the   | ,                    | -                |   |                                 |
| For yo           | •   |  | \$0.00  |   |                      |                  |   |                                 |
| -                | our spouse  |  | \$0.00  |   |                      |                  |   |                                 |
| 9.Pensi          | on or retirement incom<br>t under the Social Securi                                     | e. Do not include any am                             | ount received that was a                                    |   | \$ <u>0.00</u>       | _                |   |                                 |
| Do no<br>receiv  | t include any benefits rec<br>ed as a victim of a war cr<br>stic terrorism. If necessar | eived under the Social Si<br>me, a crime against hun |   |   |                      |                  |   |                                 |
|                  |   |  |   |   | +\$0.00              | _<br>+           |   |                                 |
| iotara           | amounts from separate pa  | iges, ir any.  |   |   | 40.00                | 1 r              |   | 1                               |
|                  | ulate your total current<br>mn. Then add the total fo                                   |  | lines 2 through 10 for eac<br>or Column B.                  | ch  | \$ <u>3,140.03</u>   | +   _            |   | \$3,140.03                      |
|                  |   |  |   |   |                      |                  |   | Total current<br>monthly income |
| Port 2           | Determine Whethe  | r the Moone Test A                                   | nnlies to Vou   |   |                      |                  |   | monthly income                  |
|                  | late your current mont  |  |   |   |                      |                  |   |                                 |
|                  | copy your total current mo  | ,  | •   |   |                      | Conviling 44     | hono                                      | \$3,140.03                      |
|                  | .,,   | •  | •   |   |                      | Copy line 11     | nere →                                    |                                 |
|                  | Multiply by 12 (the numbe   | • ,  | _   |   |                      |                  | 401                                       | X 12                            |
| 12b. I           | he result is your annual in   | ncome for this part of the                           | torm.   |   |                      |                  | 12b.                                      | \$37,680.36                     |
|                  |   | 41 4 99 4  |   |   |                      |                  |   |                                 |
| is Calcul        | late the median family i  | ncome that applies to                                |   |   |                      |                  |   |                                 |
| Fill in t        | he state in which you live  |  | Illinois  |   |                      |                  |   |                                 |
| Fill in t        | he number of people in y  | our household.                                       | 5   | - 100 |                      |                  |   |                                 |
| Fill in t        | he median family income   | for your state and size o                            | f household.  |   |                      |                  | 13.                                       | \$95,321.00                     |
|                  |   |  | online using the link specif<br>at the bankruptcy clerk's o |   | ate                  |                  |   |                                 |
| 14. <b>How</b> 0 | do the lines compare?   |  |   |   |                      |                  |   |                                 |
| 14a. 🗸           | Line 12b is less than of Go to Part 3.  | r equal to line 13. On the                           | top of page 1, check box                                    | 1, There is no p  | presumption of ab    | use.             |   |                                 |
| 14b.             | Line 12b is more than<br>Go to Part 3 and fill ou                                       | line 13. On the top of paç<br>t Form 122A-2.         | e 1, check box 2, The pre                                   | sumption of abu   | use is determined    | by Form 122/     | <b>\-2</b> .                              |                                 |
| Part 3:          | Sign Below  |  |   |   |                      |                  |   |                                 |
|                  |   |  |   |   |                      |                  |   |                                 |
| By sig           | gning here, I declare unde  | er penalty of perjury that                           | he information on this stat                                 | tement and in a   | ny attachments is    | true and com     | ect.                                      |                                 |
|                  |   | 2 . H  |   |   |                      |                  |   |                                 |
| ×                | s/ Karen Luckett  | CULL A   | Lichael   | *   |                      |                  |   | _                               |
| Si               | ignature of Debtor 1  |  |   | Signature   | of Debtor 2          |                  |   | -                               |
| _                | oto 4/27/2046   |  |   | Data 419  | 7/2046               |                  |   |                                 |
| ט                | ate <u>4/27/2016</u><br>MM/DD/YYYY  |  |   | Date <u>4/2</u><br>M  | M/DD/YYYY            |                  |   |                                 |
|                  | **************************************  |  |   | 1411  |                      |                  |   |                                 |
| -                | ou checked line 14a, do l<br>ou checked line 14b, fill o                                |  |   |   |                      |                  |   |                                 |